







RECOMMENDATIONS.

The following recommendation of this work, was communicated in a letter addressed to the Editor of the Democratic Enquirer, (Bedford Pa.) entirely without the knowledge of the Author; by a medical gentleman of Natches, Miss., eminent for talent, and acquirement in his profession.

"I feel great pleasure in taking this occasion most strenuously and sincerely to recommend to the notice of the profession, as well as to the public in general, a most valuable and interesting work just published by Dr. George Denig, on '*Domestic Midwifery*.' It will prove a valuable acquisition to the junior members of the profession, as well as to the public generally, for whose benefit it was originally, solely designed. The Doctor, with too much modesty, terms his book a *compilation*, whereas in reality it contains much original matter, and develops an originality of mind and talent highly creditable to the author."

Very respectfully,

CONYNGHAM CRAWFORD, M. D.

M'Connellsburg, Sept. 21, 1838,

Chambersburg, Dec. 6, 1838.

Dear Sir,

I have read your small work on Domestic Midwifery, and have the pleasure to say, that I am much pleased with the manner and method of its compilation; and think it calculated to be very useful, and well adapted to accomplish the object for which it is intended. And whilst only professing the more humble pretension of furnishing instruction to the unlearned and inexperienced, in an important branch of the medical profession; yet many, who occupy professionally a higher position in the estimation of the community, would not be disgraced by a reference to its pages, or fail to derive therefrom much useful and sound practical information. When it is conceded, (a fact, the truth of which is undoubted by all experienced physicians) that in no branch of the medical profession is there so much want of skill, and practical tact, even among the educated of the profession, as in the practice of midwifery:—what then must be the condition of those, in point of qualification, who are entirely and altogether uninstructed, and, what is worse, without the means or chance of being instructed in this branch;—or the unhappy and hopeless prospects of those, who, un-

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der difficult circumstances, fall into such hands? It is then, only, by such a compilation as your "Domestic Midwifery," that the ignorant and uneducated in the profession can acquire the necessary information to qualify them to be useful to their suffering fellow beings.

It is a book, moreover abounding in plain common sense, inculcating the soundest practice, and possessing the merit of being divested of all the technicalities of professional language, and, in consequence, intelligible to, and easily comprehended by, the most ordinary understandings. It is therefore with much pleasure that I recommend it as a most useful book in the branch, in reference to which it was especially compiled; and am of the opinion that it will greatly subserve the cause of humanity, more particularly in those communities where the regularly educated physician is not easily or conveniently had access to.

Very respectfully

Your friend,

S. D. CULBERTSON, M. D.

Dr. Geo. Denig.

RECOMMENDATIONS.

Chambersburg, Dec. 6, 1838.

My Dear Sir,

It affords me much pleasure to unite with Dr. Culbertson, in the recommending of your "Domestic Midwifery;" I regard it among the best works extant.

I am very respectfully

Yours &c.

N. B. LANE, M. D.

Dr. Geo. Denig.

Mercersburg, Nov. 21. 1838.

Dear Sir,

I have examined your "Domestic Midwifery" and hesitate not to recommend it as an admirable compilation from the best practical authors, of all that is necessary, in ordinary cases, in the management of labor, and in the treatment of sexual diseases in women. It is invaluable as a pocket manual to the young practitioner, whom practice and experience have not rendered familiar with the management of parturient women, and the combination and administration of medicines in the diseases of pregnancy and the puerperal state. But especially, as an instructor in domestic practice, for which it seems to have been chiefly designed, does its merits consist.

RECOMMENDATIONS.

It is much to be lamented, that many, altogether destitute of any obstetrical knowledge, undertake the responsible duties of accoucheurs; sometimes it is to be feared, at the expense of life, and oftener, of protracted suffering on the part of their confiding victims. If such would make themselves familiar with your excellent "*Instructor*," they would be much better prepared to meet the great responsibility devolving upon the Obstetrical Practitioner, and instead of increasing, would aid in lessening the amount of human suffering.

The value of your book is enhanced by the number of excellent medical formulæ it contains, many of which are not to be found in any other work.

ALEXANDER SPEER, M. D.

Dr. Geo. Denig.

McConnellsburg, Aug. 20, 1838.

We the undersigned having obtained a book published by Dr. George Denig, on diseases of women, entitled the "*Domestic Instructor in Midwifery*," with which we are well pleased, having found it to be a very useful work; do most earnestly recommend it to all female heads of families, as containing an extensive fund of in-

formation highly important to them, conveyed in a condensed form, plain and simple language, not to be met with wo believe in any other work.

ELIZABETH WALT.

MARY BOHN.

F. S. GREATHEAD.

JANE M. KING.

NANCY M'GAW.

} *M'Connellsburg,*
Bedford County,
Pa.

REBECCA AUSTIN.

CHARLOTTE NOBLE.

SARAH ANDREWS.

} *Belfast Township,*
Bedford County,
Pa.

ANN A. BARNDOLLAR,

Providence Township, Bedford Co.

ISABELLA WIES, *Franklin County.*

SUSAN M. VAN TRIES, *Hanover, Pa.*

MARTHA ANN HOUSER, *Littleton.*

JANE W. CAMPBELL, *Huntingdon Co.*

THE
DOMESTIC INSTRUCTOR
IN
MIDWIFERY :

7310

CONTAINING DIRECTIONS FOR THE PROPER TREAT-
MENT OF

SEXUAL DISEASES OF WOMEN ;

FOR THE MANAGEMENT OF

PREGNANCY, LABOR, & CHILD-BED ;

ALSO, FOR THE TREATMENT OF

NEW-BORN INFANTS.

*Compiled for the advantage and use of such as
have not access to a Physician.*

—000—
BY DR. GEORGE DENIG.

—000—
M'CONNELLSBURG, BEDFORD COUNTY, PENN'A.

—
1838.

WESTERN DISTRICT OF PENNSYLVANIA, TO WIT:



BE IT REMEMBERED, That on the 22d day of March, Anno Domini, 1838, GEORGE DENIG, of the said District, hath deposited in this Office the title of a Book, the title of which is in the words following, to wit:

The Domestic Instructor in Midwifery; containing Directions for the proper Treatment of Sexual Diseases of Women; for the Management of Pregnancy, Labor, and Child Bed: also, for the Treatment of New Born Infants. Compiled for the advantage and use of such as have not access to a Physician. By Dr. George Denig.

The right whereof he claims as Author, in conformity with an Act of Congress, entitled "An act to amend the several acts respecting copy-rights."

E. J. ROBERTS,
Clerk of the Western District of Pennsylvania.

W 6
D3941
1838

PREFACE.

THE author of the following pages has been, for the last twenty five years, actively and extensively engaged in the practice of Medicine, of which Obstetrics have formed a considerable portion; and, during that time, has witnessed much suffering and misery endured by women, in consequence of the great and deplorable want of information amongst them, on the subject of Parturition. This very general lack of knowledge he has been induced to ascribe to the scarcity of suitable books on the subject: indeed, he is not aware of any hitherto extant, sufficiently plain to the common, unlearned reader, and of reasonable price enough, to be extensively circulated. He has come to the conclusion, therefore, that a small, cheap work on Midwifery, written in a style easily comprehended, would prove acceptable to the public, and be of general utility.

The practice of Midwifery at present devolves, to a great extent, (and will necessarily, for a length of time, in many places, continue to do so,) upon females, few of whom understand much of the art. A want of confidence in themselves, arising from a conviction of their own deficiencies, and from a difficulty of acquiring proper information, deters intelligent women from engaging in the assistance of others; and the consequence is, that such as *can* be obtained, however defective, must be employed, to the frequent injury of the sufferers. In order, therefore, to obviate some of the evils incident to women and children, the author has, at much expense, time, and labor, compiled from the writings of others, and from his own experience, (which has been ample,) the following pages; and now offers them to the public for consideration, and, if found worthy, for approval. He asks but a fair testing of their merits.

The reader will find in this work, plain

and ample directions for the domestic treatment of the Sexual Diseases of Women, and of Pregnancy—for conducting them through a natural labor, and for their subsequent treatment; as well as for the requisite attention and care to be bestowed upon infants. Directions also are given, by which to distinguish those peculiar cases of Pregnancy, Labor, and Child-bed Sickness, which will require the attendance of a Physician; and a careful compliance with which will save the female from useless anxiety, and from much distress and abuse, in consequence of the ignorant but well-intended zeal of her friends or attendants. Any woman, (more particularly one who has brought forth children,) capable of understanding the English language, will be enabled, from an attentive perusal of this book, to give necessary and safe assistance in most natural cases, as well as to distinguish those for which professional advice should be procured.

To the Profession, this volume will be of no use, as they are already supplied with more scientific works; but to such persons as are removed at a distance from medical aid, it will be an invaluable treasure: and even to those who live near to professional men, its value will be considerable; for physicians cannot *always* be obtained. It will also enable them to judge, in some measure, of the qualifications of those whom they employ, and of the propriety of the treatment which they prescribe. In those cases, too, where physicians are in attendance, it is certain that much of the comfort and well-being of the sick depends upon the nurse and her assistants; and that small matters and individual things are greatly influenced by their notions and prejudices. How important is it, then, that the means of acquiring correct information on these subjects should be widely disseminated!

The compiler disclaims any intention, by these pages, to arrest the practice of Midwifery from passing into the hands of physicians, and again return it into those of females; but is fully of the opinion that they will have a contrary effect, and will assist in the consummation of that event so much desired by all those who, understandingly, have the welfare and happiness of the

female sex at heart—namely, that Obstetrics may be placed in the hands of men educated for that purpose. His experience compels him to observe, that individual as well as public good must result from the employment of regularly educated physicians, and particularly such as have a settled residence, to the exclusion of all others ; for there is generally something empirical in the practice of travelling doctors. And, further, any mind of common intelligence must at once perceive the propriety of encouraging physicians near home ; for on them will they be compelled to depend in cases of emergency.—The compiler, having an ardent desire to promote the health and happiness of his amiable readers, cannot rest satisfied without obtruding upon them this advice—that, in all cases of Midwifery, they should, if possible, employ regular physicians ; and he would fain hope that all who can procure such will submit to no others : for, after all that is said and boasted about natural doctors, the educated physician is, in cases of real danger, always resorted to.

It is in the exercise of the art of Midwifery in general, but more particularly in difficult labor, that the regularly educated physician shines in his full glory. Here the light of science is no longer obscured by the competition of ignorance,

presumption, and vanity. Here all must succumb, and acknowledge its superiority : here all malicious opponents of medical education, and all imbecile pretenders, feel their nothingness and impotence, ground their offensive weapons, and lie prostrate before the pupil of science. He stands pre-eminent, and can look down with contempt upon that powerless malice, and with commiseration upon that ignorant pretension, which would fain pluck the laurel from his brow. For, when all seems lost, and Death is apparently waiting for his victim;—when all mere pretenders stand aghast and confounded,—the man of education and skill comes forward rescues the sufferer from the yawning grave, and restores her to health and happiness.

The author, under a full conviction of having rendered an important service to the public, hopes for its approbation; and would beg of others, better qualified than himself for the task he has undertaken, to look favorably upon this humble effort, for the sake of those for whom it is intended—who are far removed from medical aid, and who have not the means of remunerating distant attendance.

EXPLANATION.

THE few technical terms used in this work are explained in the body of it. The explanations may be found by referring to the Index.

The division into paragraphs is adopted for the convenience of reference; by which method, repetitions are avoided. When, therefore, figures are referred to, the paragraphs are always intended, unless otherwise mentioned.

The Recipes are also numbered; and after the first time, when intending the same prescription, it is referred to by the number of the receipt, an Index to which precedes the body of the work. The medicines herein prescribed are such as have had their efficacy and usefulness fully tested by long experience, and are generally known and easy to be obtained. When wishing to obtain them, the recipe must be copied with the most scrupulous exactness, and plainly written. All medicine kept for domestic practice should have a plain label upon it, to avoid mistakes. It is also of much importance that medicine be procured from resident druggists, as the author has known much injury sustained by his acquaintances, by using medicines purchased from itinerant druggists, who, having no character at

stake, will, for the matter of a few pence, stoop to the most degrading imposition. Not so with resident persons, whose reputation for probity has been established; for their interest and emolument exist in procuring and selling sound and genuine articles.

The mechanical part of this work has been executed by different hands, at different periods; which will account for any want of uniformity that may be observed.

The proof-sheet having been examined in the midst of a large and laborious practice, and many other cares, some errors have almost unavoidably escaped detection; but it is believed that none of any importance exist. Such as do will be pointed out in an *Errata*, at the close of the volume.

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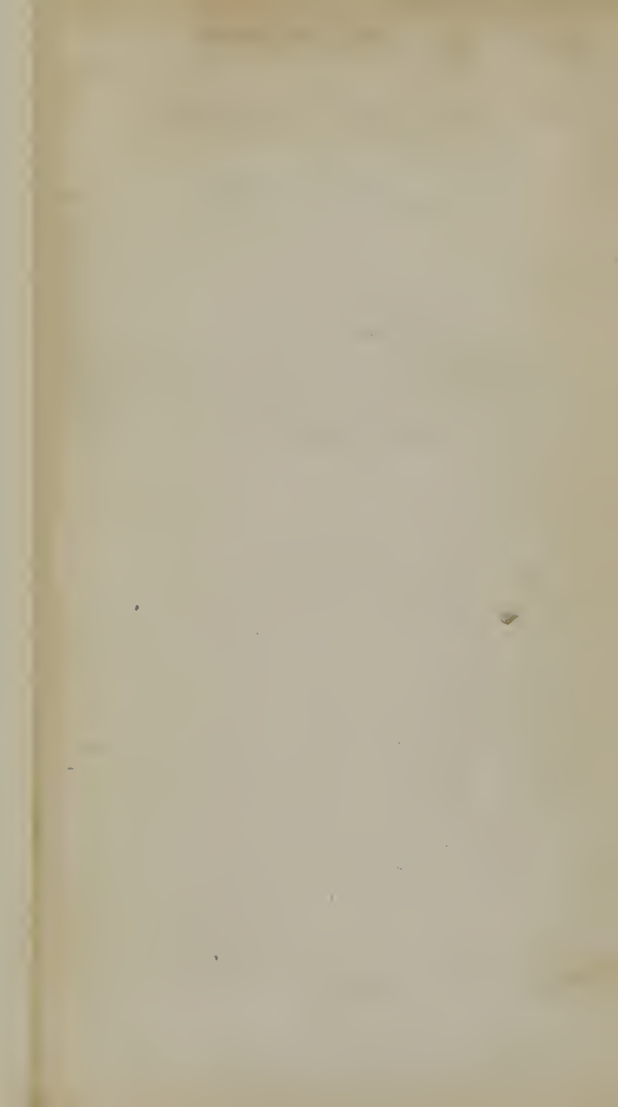
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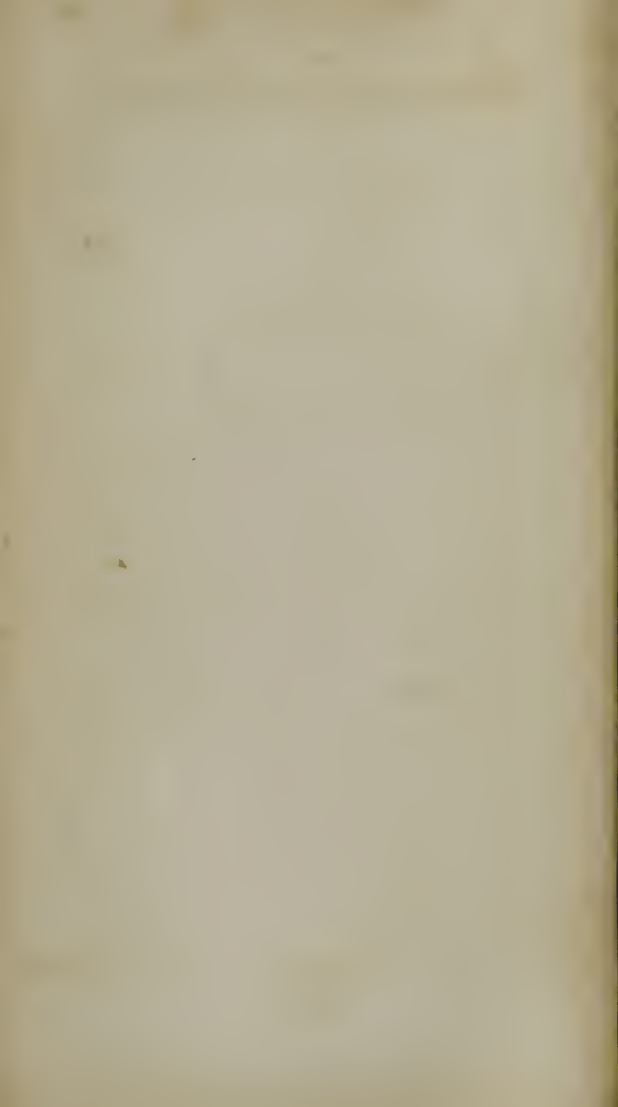
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THE
DOMESTIC INSTRUCTOR
IN
MIDWIFERY.

CHAPTER 1.
ON THE SEXUAL DISEASES OF
WOMEN, PREGNANCY, ITS SIGNS
AND DISEASES.

SECTION 1.

MENSTRUATION; its irregularities and consequent diseases.

1. From the uterus of every healthy woman who is not pregnant, or who does not give suck, there is a discharge of a fluid having the appearance of blood, at certain periods, from the time of puberty to old age; and from the periods, or the return of this discharge being monthly, it is called menstruation.

2. To this general definition, there are some exceptions; some few menstruate while they con-

tinue to give suck, more frequently after having suckled over six month. Some are said to menstruate during pregnancy, but which latter is very doubtful, for it will be borne in mind, that the menstrual discharge is not blood, but a secretion resembling blood, and that every sanguine discharge from the uterus, is not menstrual, but may be blood, dependant on morbid action, therefore requiring medical care. Although the term *unwell*, is by common acceptance used among women, yet, a woman during menstruation cannot from that cause alone be said to be unwell, for that is a process of health, and which when regular, requires very seldom more than to be let alone; but there are many irregularities which require medical treatment.

3. Menstruation being a very important process to females, and their comfort depending in a great measure on its healthy action; it must ever be a subject of deep interest to them, and ought to be particularly so to mothers who have daughters coming to maturity; that *mother* is very remiss in her duty who does not inform her child that menstruation is expected, and point out to her what it is, so that the child may not be taken by surprise, and through fear and alarm do things, which may lay the foundation of disease and unhappiness during life. The delicacy at-

tendant on the subject too frequently prevents the afflicted from obtaining the necessary information, and gives rise to groping in the dark, and administering medicine at random, or that which is equally pernicious, ignorant mercenary advice; for nature if not properly seconded had better be let alone, and would in case of irregularity more frequently triumph and health be resumed, if *she* were not counteracted by ignorant officiousness. It is therefore intended in the first place, to give some information on this subject.

4. The time of life at which menstruation commences, depends some upon the climate, much upon the constitution, and delicacy of living; in this country, girls begin to menstruate from the fourteenth to the eighteenth year of their age, but seldom later without inconvenience; but if they are luxuriously educated, menstruation usually commences at a more early period. About the time that the constitution is establishing menstruation, a variety of important changes shew themselves: the complexion is improved; the countenance is more expressive and animated; the attitudes more graceful; the tone of the voice more harmonious; the whole frame expands; the breasts are enlarged; the nipples protrude; the subject ceases to be a child, nature perfects her work, and a woman is formed.

5. Menstruation commences in some without any premonitory indisposition, but generally there are symptoms which indicate the change that is about to take place; these are usually more severe at the first than in the succeeding periods, such as, a sense of fullness at the lower region of the belly; pains in the back and inferior extremities; a slight head-ache, ringing in the ears; a sensation of choaking or a lump in the throat; palpitation of the heart; easily affrighted by slight and unexpected noise; irregular appetite, sometimes craving and sometimes loathing; twitching of the limbs, sometimes convulsions, all of which cease soon after the flow commences. The first discharge is sometimes very small and not coloured; for several times at first it is apt to be irregular, both as to the quantity discharged and period of its return, but after these it usually observes stated times, and nearly the same quantity at each visitation. The time occupied and quantity discharged, vary much in different women, from two to five days, and from one to five ounces.

6. It often happens that when the time for menstruation has arrived and it does not appear, or when a girl begins to menstruate in small quantities, or when it wants colour, that instead of being let alone, she is stewed and steamed at

an unmerciful rate; bled and purged at random, compelled to swallow one nauseous portion after another, until that process by which nature was about gradually establishing an important and necessary change, is interrupted, and a train of morbid actions laid, which entail upon her a miserable life and premature death. I have painfully impressed upon my mind, the melancholy fate of a number of females, for whose hopeless cases I have been consulted, when alas! no medical aid could be of any service, having been literally drugged to death. I shall here quote a case from the writings of that excellent physician Dr. Dewees of Philadelphia. “I but too often call to mind, with bitter recollection, the fate of a most amiable, and interesting young creature, for whom I was requested to prescribe for the expected menses, but who had not one mark which would justify an interference; and, especially, as she was in perfectly good health—she was fifteen it is true; and this was all that could be urged by the mother in favour of an attempt to “bring down her courses.” I relied too much upon the good sense of her anxious parent; and freely explained myself to her—she left me apparently satisfied with my reasoning; and I heard nothing of the poor child for six months; at the end of this time I was suddenly

summoned to attend her, as she was said to be alarmingly ill. When I saw her, she was throwing up blood from the lungs in considerable quantities; from the excess of this she died a few days after. The distracted mother told me, that, though she appeared satisfied with what I had said when she left me, she was convinced I was wrong; and that her daughter's health required the immediate establishment of the menstrual evacuation. With this view, she determined upon the trial of a medicine of much celebrity in similar cases, vended by a quack. She procured it; and gave it according to directions: in a few days her daughter became feverish, lost her appetite, and frequently puked; her strength failed, and after a short time she was confined to her bed—she called upon the “Doctor,” and made known to him the condition of her daughter; he encouraged her to persevere: and told her that the fever &c., was an effort nature was making for the end proposed—she persevered, fatally persevered; for, in a few days more, she lost her lovely and only daughter; I examined the medicine which had been exhibited; it proved to be the oil of savin.”

7. Menstruation about to commence, or having commenced, being small in quantity, the girl should be directed, during the time it is upon her

to avoid the extremes of either heat or cold; if cold weather, should add some clothing, keep dry and warm feet, abstain from laborious exercise, such as violent running, jumping, dancing, lifting or carrying heavy burthens, or any thing else by which the body may be strained, or the system immoderately heated; avoid sudden exposures to cold currents of air when heated, or fatigued; she should also be taught to have a command over her temper, so as to avoid violent outbursts of anger; and paroxysms of excitement from terror or fright. Observing these directions, together with a moderate, rather low diet, avoiding all high seasoned victuals, hot aromatic teas, spiced stews, all and every Intoxicating liquor, she should continue much her usual indoor employments; and thus, the principle of letting well enough alone being observed, a few periods will generally establish the regularity of their return, on a healthy and permanent basis. In general, no medicine is required, except, that if the person shew a disposition to be costive, it should be removed by the administration of some one of the most lenient purgatives, such as, small portions of Epsom Salts, or Castor Oil, but the more violent and drastic purgatives should be strictly avoided. During the intervals, common prudence will direct any rational mind.

8. But should the menses be either retarded in their progress, or not appear, and symptoms of ill health be present, great care and attention will be required, that proper remedies be administered, and that due regard be paid both to the constitution of the patient, and primary cause of the complaint.

9. All irregularities of menstruation may be comprehended under the terms Retention, Suppression, Excessive, Deficient and Painful menstruation.

10. RETENTION OF THE MENSES,—is so denominated, from their being retained longer than is consistent with health. The general rules for the treatment of which are, that when robust, florid girls, about the age of fifteen, or sixteen, begin to complain of flushings, head-ache, and general uneasiness, they should observe a spare diet, consisting chiefly of vegetables; use moderate exercise; carefully avoid all that is violent, particularly in crowded and heated rooms; should carefully attend to the state of their bowels, and keep them freely open by saline purgatives; such as Cream of Tartar, Sulphate of Magnesia, Sulphate of Soda, or Seidlitz Powders. If the symptoms continue or increase, and the discharge of the menses does not take place, have eight, ten, or twelve ounces of blood ta-

ken from the arm; in the evening following at bed time, take ten grains of Calomel, and a table spoonful of Epsom salts every two hours, beginning the next morning, until freely purged; such as do not choose to take calomel, may take salts alone, bathing the feet and legs, or rather sitting in warm water, for several evenings before such bleeding, after the bathing remove all moisture, and rub the feet and legs freely with a coarse cloth. In obstinate cases this proceeding will require to be repeated, for two or three times, at the distance of about 28 days.

11. On the other hand, relaxed and feeble young women, with pale complexions, when they are subject to delay in the appearance of the menstrual evacuation, and are suffering in health in consequence thereof, should make use of such remedies as strengthen the system in general; to be begun by a purgative of 10 grains of Calomel, with 15 grs. of Rhubarb, made into a bolus with syrup, taken at bed time, and on the following morning, as much castor oil or senna tea, as will operate freely; or those who are opposed to the use of calomel, may take 3, 4, or 5, of the following pills.

R. No. 1. Take 2 drams of Rhubarb.

2 do. of Socotrine Aloes.

1 do. of Gum Myrrh.

Two hundred drops Essence of Cinnamon.

As much syrup as will make the mass into pills of the usual size. Or, she may take the Compound Tincture of Aloes, to be made according to the following:

R. No. 2. Rhubarb, 4 drams.

Gum Myrrh, 2 dr.

Aloes, 2 dr.

Ginger and Cinnamon, each 2 dr.

Proof Spirit, 3 gills; digest for 3 days in a bottle; of the strained liquor two table spoon-fuls will generally be sufficient, but if not one more must be taken every six hours, until the bowels be freely evacuated. Then either of the following tonic tinctures may be used in doses of one table spoon full three times a day, in twice as much water.

R. No. 3 Gentian Root, 8. drams.

Columbo Root, 4. dr.

Orange Peel, 4. dr.

Cinnamon, 4. dr.

Cloves, 1. dr.

Saffron, 1. dr.

Proof Spirit, one pint.

Digest six days in a bottle.

Or, the following,

R. No. 4. Bark of the root of Tulip Poplar,
leaves of Thorough Wort,
Centaury, and of the bark of the
limbs of Wild Cherry,
Black Snake Root,
Fennel Seed, each half ounce.
Proof Spirit, 1 pint digest 6 days.

Or, such as are averse to the use of spiritous liquors will find the following powder an equal if not a better tonic. Dose, as much as will lay on a ten cent piece three times a day.

R. No. 5. Rust of Iron, half ounce.
Columbo root, Rhubarb, each 2 dr.
Nutmeg, 1. dr.

during the use of which the bowels must be kept open by the occasional use of small doses of No. 1, 2, or simple Senna tea, a more nutritious yet easily digested diet, than prescribed (7.) take sufficient exercise in the open air, such as riding on horse back, dancing, jumping the rope in moderation, or walking with agreeable persons, so that cheerfulness is blended with exercise. For the same reason, a journey, a short residence at watering-places of public resort, independent of the quality of their springs, contribute greatly to their relief; and when the impregnation of such springs is chalybeate, they

may be drunk with moderation; remembering to precede their use by an active cathartic, by which chalybeates and all tonics are rendered not only more safe, but more active.

12. At such times as the patient will suppose from her feeling that an effort is making to bring fourth the discharge, which is known by an increase of uneasy feeling in the back, hips, or lower part of the belly, she is to use the warm bath as before directed, (10.) If the foregoing treatment has been pursued for some time with no amendment, but on the contrary, an increase of ill health be observed; it is then proper if possible to consult a physician: the urgent reasons for which, will be evident on perusing the next paragraph.

13. The menses are often retained or obstructed from previous ill health, or other diseases either incidental or constitutional, and if so, no medicine or treatment will avail for the retained menses, until the disease under which the person labours, be removed or mitigated. It is frequently a very critical question, whether the retention is an original disease, or depending on another, and one which medical science alone can decide. Yet for such as may not have easy access to medical aid, I will endeavour to give some further advice.

14. Long continued retention of the menses, soon undermines the general health, even in the best constitutions, and degenerates into *Chlorosis*, or *Green Sickness*: a very dangerous disease, and difficult to cure. In Chlorosis, every symptom of feebleness prevails; a pale skin and even a greenish complexion, succeeds to the rosy hue of health; the lips and gums become almost white; the breath offensive; the skin under the eyes puffy, and of a leaden colour; the whole body lax, edematous, and doughy; the judgment, memory, and natural cheerfulness impaired; the pulse is generally slow and feeble, but easily excited; and it is then accompanied by shortness of breath; a palpitation of the heart, and an almost unconquerable disinclination to motion; the appetite is destroyed; and the stomach so deranged, that the food, instead of being digested, undergoes the acetous fermentation. Hence the patient finds gratification in chalk, lime, pieces of old wall, and other improper substances; and the bowels are commonly costive.

15. In this state of affairs, the treatment should be more energetic; it should be commenced by removing the costiveness which is so uniformly attendant, by repeated doses of active purgatives; such as, Jalap and Calomel each 10 gr., or 10 gr. of Jalap with 4 gr. of Aloes.

well mixed, and made into a bolus, or pills, with some syrup; either of them, should be followed in 6 hours after, by one table spoonful of Castor Oil, or a gill of Senna tea, which should be repeated every four hours, until free evacuations take place, Lee's Antibillious pills, or the German pills will answer very well; the purgations to be repeated every two or three days, according to the effect of the preceeding, until the febrile or inflammatory symptoms have been removed; after which, the tonic mixture prepared according to recipe No. 3, 4, or 5, may be used as formerly prescribed, (11.) During the use of either of these, the bowels must be prevented from becoming constipated, by taking 2 or 3 pills daily, of R. No. 1. or a table spoonful of the tincture of R. No. 2; but, should sourness of the stomach be present, which is known by a burning sensation at the stomach, acid eructations, sour taste in the mouth, soreness or tenderness of the stomach, particularly on external pressure, the following preparation should be used occasionally with the above.

R. No. 6. Carbonate of Magnesia, 4 dr.

Super Carbonate of Soda, 1 dr.

Powdered Rhubarb, 2 dr.

Ess. Cinnamon, 100 drops,

Loaf Sugar, 4 dr.

rub in a marble or glass mortar, adding 8 ounces of water.—Dose, one table spoonfull; wearing flannel drawers; using moderate exercise, never going to the length of fatigue; and the aversion to motion to be overcome, by proposing such kind as may be most agreeable; a nourishing diet, having regard to such as may agree best with the stomach. And at such times as the menstrual efforts are felt, to assist them by the hip bath, and friction of the feet and legs. If these fail, the case is still not hopeless, but it must go under the care of a Physician, more powerful medicines can be applied, but which can be safely employed by medical science only.

16. Retention of the menses may occur in young women with florid complexions, but at the same time of very delicate constitutions, subject to a slight cough, with pains in the breast, and a predisposition to consumption. Such cases usually require the utmost caution to be exercised; and in most of them small bleedings, an antiphlogistic diet, mild Laxatives, such as Castor Oil, Rhubarb and Cream of Tartar, or Epsom Salts, in small portions, a temperate climate, warm dress and moderate exercise, are essential:—as we have generally a predisposition to consumption, and other diseases to combat with. The remedies must consequently be directed

to guard against this tendency or predisposition to disease, and all stimulating or forcing medicines, as they are termed, should be strictly avoided, as accelerating their developement.

17. SUPPRESSION OF THE MENSES,—is that, in which the menses—after having been fully established—are arrested, or do not return at their usual period, when not caused by pregnancy or suckling. The most fruitful sources of these derangements of the *menstrua*, are exposure to cold, in some form or other; violent exercise; great mental agitation during their flow or immediately before their appearance. As soon as it is discovered, that they are arrested, remediate means should be immediately entered into, and for the most part, if their suppression be not complicated with general disease, it is not difficult to induce their return. The feet & legs should be bathed, or the person should sit in warm water, with a garter tied moderately tight above the knee; a sudorific anodyne may be given if it can be had, such as a tea spoonful of Elixer Paregoric, or Anodyne Cordial; promoting its operation by Catmint, Pengeroyal, or Spruce Pine tea.

18. When these remedies fail, and there is pain in the head, back, and lower extremities, and the circulation excited, from 12 to 16 ounces of blood should be taken from the arm; 15

grs. of Calomel administered at bed time, and followed next morning by Epsom Salts, Seidlitz Powders, or Castor Oil, sufficient to evacuate the bowels freely; those who are averse to calomel may use the other purgatives without it; after the free operation, give 15 drops of Antimonial Wine, with 5 of Laudanum, or 10 of Paregoric, in a spoon full of water, repeated every 2 hours, until nausea be produced; then reduce the dose to one half. Or, give 5 grs of Sal Nitre in some roasted apple every four hours; or a dose of Soda Powders about every three hours. If the febrile symptoms still continue, the bleeding and purging must be repeated on the third day following, and either of the febrifuge medicines again used as before directed: during which time a very abstemious diet is necessary. This treatment must be pursued until the fever shall be abated and the pain relieved.

19. The menses may not immediately return, but probably will at the next period be restored; and in order to facilitate their re-appearance, an active cathartic should be administered about four days before they are expected, and when the bowels have been freely evacuated, a tea spoonful of madder morning noon and night, in some syrup; or the following:—

B

R. No. 7. Madder, 1 oz.

Cloves, 1-4 oz.

Boiling water, 1 pint,

infuse in a close vessel:—Dose, two table spoonfuls of the infusion every six hours; or, if there be no fever, an infusion of the leaves of either Savin, Penneroyal, or Spruce Pine, two ounces to a pint of boiling water:—Dose, half gill three times a day, assisting any of them by the warm bath as before directed, (17.)

20. A few trials of the foregoing treatment not having the effect of restoring the menses, the following, used during the intervals has often proved successful: viz.

R. No. 8. Rust of Iron, 1 oz,

Columbo Root, 1-2 oz.

Gentian Root, 2 dr.

Cayenne Pepper, 1 dr.

made into a powder:—Dose, as much as will lay on a ten cent piece four times a day, mixed in syrup, gradually increasing the dose to double that quantity, keeping the bowels open by the occasional use of No. 1, or 2; or the following,

R. No. 9. Assafoetida,

Aloes,

Jallap,

Castile Soap,

} each 1 dr.

made into pills with syrup: dose, 2 or 3 daily,

or every other day; keep the feet warm and dry, use moderate exercise, avoiding all tight lacing or bandaging, and every other cause of obstruction to a free circulation of the blood, and at the time of expectation use the Madder, Savin, Pengeroyal &c., and warm bath as before directed.

21. Protracted suppression and retention is sometimes accompanied by a periodical sanguinous evacuation from some other part of the body; which always renders the restoration of the natural discharge more difficult; this may proceed from the lungs, stomach, or other viscera, which frequently proves fatal. If these take place from the nose, ulcers in the extremities, or other parts not essential to life, although they may hinder the re-establishment of the menstrual discharge, they may, nevertheless, tend to prevent other diseases, and preserve the person in a tolerable state of health; but such cases should be placed under the care of Medical science before the habit becomes established.

22. DEFICIENT AND PAINFUL MENSTRUATION, is in our climate a very distressing complaint, and also, frequently a very obstinate one. It seldom attacks any until they have menstruated some time with considerable regularity, and little or no pain; afterwards, they begin to suffer

more or less pain, which increases until it becomes grinding and severe as those in labour.

23. Whatever may have been the original cause, it soon affects the general health; the patient losing her complexion; and becoming very irritable and fretful. At the approach of each menstrual period, the pain generally begins in the back; extends to the loins and hips, to which soon ensues an alternate and pressing down pain resembling in severity and suffering those of labour. At first a slight discharge takes place, but which suddenly ceases, after sometime is renewed and becomes more plentiful; which, together with the pain, gradually ceases. The appearance of the discharge differs from that of healthy menstruation, being mixed with coagulated lumps, and clots of flaky matter, having the appearance of membrane or skin. The breasts, sympathizing with the uterus frequently swell and become painful. Women in the habit of discharging this membrane are mostly barren.

24. The treatment of painful menstruation, consists, in having the bowels well opened a few days before the anticipated attack, in being confined to a very abstemious vegetable diet, strictly avoiding the use of all spiritous liquors;—if the patient be feverish, a small quantity of blood should be taken from the arm, but if not,

the bleeding should be omitted; as soon as the pain commences, one half grain of Opium with two grains of camphor, made into a bolus should be given; or 50 drops of Laudanum, with 100 of Spr. Camph., in a draught of fresh water, repeating either of the above doses every hour until the pain is either suppressed or very much mitigated. The patient should be kept in bed, drink freely of tea made either of Penneroyal, Catmint, Sage, or the leaves of Spruce pine, until the discharge be fully established; after which the pain seldom returns for that period. It is also recommendable, if convenient, to have the patient sit in a tub of warm water, for 15 or 20 minutes, between the first and second dose of the Laudanum and Camphor, on coming out of the bath, to dry off well, and retire immediately to bed. If, either Laudanum or Camphor only can be had; it may be used by itself; observing, that the dose must be increased, the Laudanum one half more, and the Camphor doubled; if neither can be had, then Golden Tincture, Anodyne Cordial, Batemans Drops, or tea made of the bark of the root of tulip Poplar tree, Lovage, Tansy, Hops, or black Snake root, may be used, but they are all inferior to the laudanum and camphor. When the period has passed, and until within a few days of the

next, use No. 8 in conjunction with No. 1 or 2 as before directed (20.) The Volatile Tincture of Guaiacum is very highly recommended by Dr. Dewees as a radical cure for this distressing disease. It should be used during the intervals; 2 teaspoonfuls of it being administered 3 times daily in a table spoonful of Sweet Milk. When it becomes necessary to persevere in the use of it a long time, the dose should be gradually increased until double the quantity originally used. Should it operate too freely upon the bowels, a few drops of laudanum should be added to each dose—until that effect be obviated. It can be had at most drugstores; when wishing to procure it, inquire for it as prepared according to the formula given by Dr. Dewees. The directions heretofore given as regards diet clothing, and exercise, keeping the feet warm and dry, and the bowels open, together with an occasional use of the warm bath should be strictly adhered to, and persevered in for a considerable length of time.

25. PROFUSE MENSTRUATION.—The natural quantity of this evacuation is so different in different women, that what is profuse to one may be perfectly natural to another; and it is from the consequences only that it can be denominated scanty or profuse. When, therefore, a scanty

evacuation is followed by a general uneasiness, a sense of fulness, flushing and head-ache, it is to be considered a suppression; and when a considerable flow is followed by langour, paleness and general weakness, it is to be considered as profuse, and proper means should be persued to restrain it.

26. When febrile symptoms, such as head-ache, oppressed breathing, increased heat, and a full firm pulse, precede or accompany a sudden and profuse flow of the menses, the evacuation frequently becomes its own cure; and if the woman be careful to keep her bowels open by moderate purgatives, to observe a spare diet, to drink only cold water, to keep her person cool by thin clothing, a hard bed, a free exposure to the open air, she may not only moderate the evacuation in future, but probably will derive considerable advantage from its present excess. But if, notwithstanding these precautions, the flow continue or return, still accompanied with the above febrile symptoms, she must lose blood from the arm, from 8 to 16 ounces according to the strength of the pulse; the bleeding should be performed sitting up, and stopped as soon as any degree of faintness is perceived, after which, a dose of Soda Powders in cold water, every 2 hours, or a table spoon full of the following

mixture, every three hours, may be given.

R. No. 10. Sal. Nitre, 30 grs.

Loaf Sugar, 60 grs.

Laudanum, 60 drops,

mixed together in a teacup, with a wooden pestle, adding gradually, 8 table spoonfuls of water; have a blister applied to the small of the back; the blister will be particularly indicated where accute pain in the back or loins is present. In cases attended by severe pain in the belly, and returning in paroxisms; the following clyster will be found of much service.

R. No. 11. 2 gills of Sweet Milk,

or Infusion of Elm Bark, with

50 drops Laudanum,

repeated every 3 hours, if the pain should not abate. If the flow still continue, and febrile action is thus subdued; or the patient being of a relaxed and feeble constitution, and symptoms of debility having prevailed from the first, which is known by the pulse being small and feeble, the face pale, the respiration short, and hurried on the slightest effort, the pains in the back and loins being rather dull, aching, than accute; astringents and tonics are then proper, and must be used.—Infusion of White Oak Bark, half a gill 3 or 4 times a day, to each dose add a tea spoon full good Vinegar, or, 4 or 5 times

a day half a gill of Alum Whey, (for which see appendix,) or the following,

R. No. 12. Alum, 20 grs,

Loaf Sugar 1 dr.

make it into 6 powders, one every 4 hours in some syrup or roasted apple.

27. If the flow be very profuse, so as to cause great prostration, faintness, vomiting, the lips becoming pale, nails blue, extremities cold, with convulsive twitchings, the danger is great, and it is then no longer profuse menstruation, but must be considered a true uterine hæmorage; she must be confined to a horizontal posture, on a hard bed, and be kept perfectly quiet, motion of every kind must be forbidden, not even permit her to turn herself; she must be freely supplied with fresh air, either by a natural current, or an artificial one by the use of the Fan; drink cold or even iced water; bladders half filled with cold water, or cloths wrung out of cold water applied to the belly, and frequently renewed, provided, there is no chill on her at the time; these, together with the Oak Bark, Alum Whey, or Powder, mentioned in 26, every hour or two, with the addition of from 10 to 15 drops of Laudanum to each dose; all to be given cold. These proceedings generally give relief, or at least will control the disease and probably pre-

serve life, untill medical aid can be procured, which should always be had if possible. After the hæmorrhage has been moderated, she must for many days avoid exertion, maintain a recumbent position, be confined to a strictly vegetable diet, and avoid every kind of spices, and also, all Spiritous and Fermented liquors, keep her bowels open by the use of saline purgatives, Castor Oil or Magnesia, taking 3 times a day some light Tonic Bitters; such as, cold watery infusion of wild cherry bark; thorough wort, or dog wood bark, and while the body is to be kept cool, the feet are to be kept warm and dry, if they are cold, they must be frequently rubbed with a woolen cloth.

28. CESSATION OF THE MENSES.—Between the age of forty and fifty, the menstrual discharge ceases: in some women gradually, in others more suddenly. This is an important and critical period, and a time at which presumptuous and officious ignorance does much harm, and by improper meddling lays the foundation for much future ill health. The greater number of cases requiring only to be let alone; many, particularly the weakly, will probably be benefited by the cessation, and will enjoy better health; when therefore, this discharge shall decline or altogether cease, and not be suc-

ceeded by other disease, it will require no other attention than a strict regard to temperance, so as not to interrupt nature in effecting an important change. But, in constitutions, in which there is a predisposition to some disease, the cessation, more particular the sudden stoppage of the menses, will expose the woman to an attack of that disease. Therefore, if upon the decline of menstruation, there shall occur general feverish uneasiness, such as, flushings, restlessness, headache, throbbing, either in the head or under the ears, singing or ringing in the ears, dizziness, darting pain through the head, palpitation of the heart, piles, hard or painful swelling of the legs, it will then be necessary in addition to strict temperance, (both as regards the body and mind,) to bleed from the arm, and keep the bowels freely open by the occasional use of Salts, Seidlitz Powders, Castor Oil, Senna, or if necessary, more active purgatives, such as, Cream of Tartar and Jalap, Lees pills, or pills of R. No. 1. These remedies and precautions will have to be persisted in for some time, at such intervals as the urgency of the symptoms may require, and should be so timed as to anticipate the attacks, untill the system becomes settled in its new situation.

29. Other women will, at this time of life,

instead of the menses ceasing, become subject to repeated and excessive discharges; in such cases before the patient becomes weakened by exhaustion, and if the discharge be accompanied by febrile action (26,) it will be necessary to bleed in small quantities, use gentle laxatives, refrigerents, and anodynes (26.) But if such discharges become so excessive as to come under the denomination of uterine hæmorrhage as formerly described (27,) the remediate means then advised should be put in requisition.

29. When a woman, after menstruation has ceased for a few periods, becomes again subject to discharges either of blood, or matter resembling that from a boil, especially, if it be accompanied with pain at a particular spot, darting from thence across the abdomen, through the hips or down the thighs, there is reason to apprehend cancer, or other serious ulcers in the uterus or vagina. Although these cases may be mitigated by bleeding, laxatives and strict temperance, yet it is altogether advisable to have them placed under medical advise, before the disease becomes inveterate. Nothing, has a greater tendency to retard the progress of these cases, than a strict regard to temperance, and nothing, will so surely hasten their advancement into incurable diseases than the oposite; there-

fore, total abstinence from this exciting cause cannot be too strictly enjoined.

SECTION II.

UTERINE DISEASES:—White Flow; Tumours in the womb or passage; Falling down of the womb; Chronic Inflammation of the womb.

30. **FLUOR ALBUS, OR WHITES,**—is a discharge from the vagina, not coloured with blood; in general, if the disease be not the consequence of falling down of the uterus, or other organic derangement of that viscus, the discharge is easily arrested, when taken in the first stage. At first, it is in most cases strictly local, but if suffered to run on, its necessary consequence is to undermine the constitution, and ruin the general health. The discharge is at first mild and semi-transparent, resembling in appearance that of the white of eggs, or thin starch made by boiling; but becomes in its progress opaque or milky, yellow, greenish, and acrid,—so much so as to irritate and inflame the parts over which it passes. In the first stage, it is accompanied by little or no pain, but as it progresses toward

the second, and succeeding stages, the person suffers from loss of appetite, pain in the back and loins, lassitude, and a disposition to fever. When persons of a robust and plethoric habit, are subject to this disease, or when it occurs in more delicate constitutions, but accompanied by a febrile state of the system; the treatment should be commenced by a free bleeding, and a purgative of Calomel and Rhubarb, Senna, or the pills made according to the recipe No. 1. A cooling and spare diet is absolutely necessary, and cleanliness must be strictly enforced. In order to secure this latter requisite, (which is all important to the speedy termination of the disease,) injections of Luke-warm Water, or milk and water of the same temperature, should be thrown up the vagina once or twice a day: this may be accomplished, by the use of the female syringe, to be obtained at most Drugstores. When the feverish state of the system is thus in some degree subdued, gentle astringent injections will be proper; such as a weak decoction of white oak bark, with or without a small portion of alum; or 20 grains of white vitriol, 100 drops of Laudanum, and half a pint of water, to be used three times daily. When the disease has already progressed untill it has passed the inflammatory stage, or is not originally attended

by a feverish state of the system, but by general weakness; an inability or disinclination to exercise; pain in the back and loins, want of appetite, the bleeding must be omitted;—after the purging as above and during the use of the astringent injections, the tonic bitters previously mentioned, (11.) together with the cold bath should be used. In those cases in which the discharge is offensive and of a greenish colour, or resembling matter discharged from a boil and streaked with blood, it is advisable for the purpose of cleansing out the vagina, first, immediately preceeding each astringent injection, to throw up a few syringes full of weak soapsuds. Too great attention cannot be paid to cleanliness, and indeed all other directions are useless if that be neglected. Should the disease not yield to the above treatment, and more especially should the acridness of the discharge continue to increase, and become more offensive, medical aid ought to be obtained as soon as possible, before the system becomes too much broken down for a recovery,—For, in the progress of the disease, all the above symptoms will become aggravated; and in addition, the sleep will become disturbed by fearful dreams and afford no refreshment; the spirits dejected; flesh wasted the countenance pale, or clay coloured, attended

with flushings; the eye dull; the feet and ankles swollen; palpitation of the heart, and difficulty of breathing are experienced; the mind grows apprehensive or melancholly; dropsy or some other acute disease supervenes and terminates a miserable existence. Now, this disease is in many instances curable, and there is reason to believe that the want of success in removing it, is more frequently owing to a neglect of timely application to a physician, or a want of sufficient perseverance in proper remedies, than to the incurable nature of the disease. This inattention to the disease in its primitive state, is owing in a great measure to the fact, that, in the first stage it is accompanied with little or no pain or sickness; these most assuredly follow one after the other, but even when forced by the severity of those pains to make application to a physician, they too frequently disguise from him the original cause of their suffering; disappointment must invariably be the consequence of such proceeding. If the discharge be the consequence of ulceration, polypus, or other tumours of the uterus; or falling down of that organ; piles, or any other disease, the indirect irritation of which produces it, all remediate means must fail to give relief, untill the primary cause of the affection be removed.

31. **TUMOURS**—are of an insensible nature, gradually enlarging and distending the womb or canal leading to it, sometimes descending down and protruding externally, accompanied by a considerable discharge of bloody mucous; a difficulty of voiding urine; sometimes an entire suppression; pains in the back, loins and groins, bearing downward similar to those of labour; frequent and excessive hæmorrhages, and consequent emaciation and debility, gradually extinguishing the functions necessary to the continuance of life: at other times inflammation and mortification of the parts, will more speedily bring on dissolution. Although these cases are beyond any domestic treatment, they are far from being irremediable in the hands of thoroughly educated physicians, if timely application be made, their operations submitted to, and their treatment persevered in for a sufficient length of time; but women thus affected too often become the victims of ignorant medical pirates.

32. **PROLAPSUS OR FALLING DOWN OF THE WOMB**,—is a different disease from tumors; but sometimes with difficulty distinguished from them; when it occurs, should be attended to in time; for if not, becomes very difficult to manage, and will entail upon the sufferer much in-

convenience and distress, and is not free from danger. When a prolapsus thus takes place, an uneasy dragging sensation is felt in the loins while standing or walking; a mucous discharge is perceived, sometimes bloody, accompanied with a kind of pressing or bearing down; an inclination to go to stool, frequently a light mucous purging; a sense of numbness shooting down the thighs, when first rising from a lying to a standing position; a sensation of falling from above into the passage below, which prevents the free evacuation of urine; these symptoms all subside, or are much mitigated by lying down. Whatever weakens the parts concerned, has a tendency to produce this disease: such as, frequent miscarriages; improper treatment during labour; severe and protracted labour; the use of instruments in delivery; too early rising, and too violent exercise after delivery; improper treatment of profuse menstruation; long continued flux albus; violent exertion during menstruation, such as jumping, dancing, lifting heavy weights; blows on the abdomen, &c.; are the most frequent causes. The means of cure, in those cases in which the uterus will not return to its place on lying down, is, to lower the head and shoulders, whilst the hips are somewhat el-

evated, then with the finger oiled, gently press the prolapsed part into its proper situation, and preserve the recumbent position for many days, or in severe cases, weeks, and two or three times a day make use of the astringent injection as mentioned in 30; if the bowels are costive, some gentle cathartic, such as Castor Oil, Seidlitz Powders, Magnesia &c., should be administered, but all irritating purgatives, as well as stimulating diet and drinks, strictly avoided. If these means fail, recourse must be had to a Physician: who have still other and more effectual means of relief, but which must be applied by skilful hands and a scientific head.

33. CHRONIC INFLAMMATION OF THE WOMB, or rather, inflammation of the mouth of the womb; the symptoms of which are, a constant, dull, heavy, diffused pain through the abdomen, with a beating or fluttering sensation in the lower region, which is easily excited by various causes into a sharp, pungent, darting pain, low down, generally supposed to be in and is referred to the bladder; the orifice of the womb very tender and extremely painful; all these painful affections being aggravated by walking, standing, or even sitting up, and are much mitigated by lying down; the urine sparing, high coloured and voided with difficulty; the bowels are costive,

but easily put into a state of diarrhæa by purgatives; the sensation of the tongue strangely altered, as if covered with flour or grease; pain in the head with a slight fever during the after part of the day. It is sometimes connected with falling down of the womb, and then, the attempt to replace the prolapsed uterus will cause excruciating pain; it seldom attacks before the middle period of life; not often after menstruation has ceased. It is frequently erroneously treated as gravel, colic, or painful menstruation, and many other diseases which it simulates, and requires a thorough medical education, with a nice tact, to discriminate between it and them. The reader will therefore perceive the propriety, and exigency, of at once placing the sufferer under the care and personal attendance of the best medical aid within reach; but, as it is not at all times practicable to secure the attendance of a physician, it may not be improper to add the most approved method of treating this disease; whilst, at the same time, we feel a full conviction that little if any benefit can be expected from domestic treatment. The treatment consists in bleeding rather free from the arm, under the restrictions which are mentioned in 37, to be repeated occasionally, to the extent of, from 6 to 8 ounces from the feet, a few

days before menstruation is expected; scarifying and cupping, or blistering with mustard plasters the upper and inner part of the thigh;—frequent injections into the vagina, of slippery elm or flaxseed tea, or a solution of gum arabic luke warm, with ten drops of laudanum in each injection;—the bowels are to be opened by some of the milder laxatives, among which, Calomel and Castor oil may be reckoned as the best; after the use of which, they may be kept in a solvent state by the daily use of a pill or two, composed of Rhubarb four parts, Assafœtida one part; or Blue Mass one and Rhubarb four parts; neither of which, however, should be taken in sufficient quantities to purge severely;—a very light and spare diet, with cool but not cold water as a drink;—every thing of a stimulating character either moral or physical, should be most carefully avoided;—all these must be assisted by rest in a recumbent posture, maintained constantly and without intermission for a long course of time, until the fever and other inflammatory symptoms shall have subsided or be much mitigated;—then to alleviate the pain, 20 drops of Laudanum in a table spoon full of vinegar, may be taken three times a day; but should this be found to increase the pain, headache or febrile symptoms, it must be relinquished,

and the depletion and rest persevered in still further. The above treatment, if continued long enough, will generally give permanent relief, but few having patience, resolution, and fortitude enough to persevere a sufficient length of time, fly from one physician to another, until finally, they become victims of strolling, mercenary pretenders, whose ignorance and presumption render them fit implements to hasten the unfortunate sufferer into a premature grave.

SECTION III.

PREGNANCY;—Its signs and diseases.

34. PREGNANCY. When a woman becomes pregnant, the natural irritability of the womb being increased, manifests itself by a variety of symptoms and sympathies. Although such symptoms may, and frequently do arise from other causes than pregnancy: still, when a healthy married woman, finds the menstrual discharge does not return at its usual period; finds her breasts enlarge; and the circle which surrounds the nipple, change from a light pink to a dark brown colour, and that she soon after becomes subject to languor, nausea, and vomiting in the morning; heart-burn during the day, and some degree of restlessness and want of sleep during the night; she may with confidence attribute these symptoms to pregnancy. Women who have borne children, will, in consequence of their peculiar feelings, formerly experienced, seldom be mistaken in their judgment; whilst those who wish to hide their pregnancy, and others from an overweaning anxiety to have children, will be led into many ridicu-

lous and frequently dangerous errors. As all, or at least, most of the symptoms above mentioned may be present, yet no pregnancy exist, therefore, in cases of doubt, it would be most expedient to act as though it did; for, about the end of the third, and beginning of the fourth month, the rising of the womb, and the feeling of a tumour or fullness below the stomach; and between the fourth and fifth month, the motion of the child termed "quickening", will generally put the matter beyond doubt; no risk can be encountered by thus delaying any measures which might have an injurious tendency in case of pregnancy, but danger may be incurred by precipitancy. If more accuracy than the above be required, it must be obtained through the personal examination of a physician.

35. DISEASES OF PREGNANCY,—the most common of which are, Fever, Nausea and Vomiting, Heart-burn, Costiveness, Piles, Stranguary, Itching, Cramp, Pains, flooding and Abortion.

36. FEVER.—A slight fever is a common attendant on early pregnancy; but which, unless excessive or accompanied with other diseases, will seldom require any other remedy, than, to open the bowels, and a cool regimen, of which fruits and vegetables should form the principle

part; there is generally a dislike to animal food of every kind, and it should be avoided as much as possible, for if indulged in gives rise to much inconvenience. Another means of keeping up the equilibrium of the different functions, and thereby obviating the effects of Fever, is moderate exercise in the open air. It is a mistake to suppose that pregnant women should be encouraged in living more luxuriously and indolently than what is habitual to them; they should therefore not be confined to close or heated apartments, but be allowed a full share of out-door amusements, yet be cautioned to guard against extremes and violence, such as carrying or lifting heavy burthens, running, jumping, dancing, &c. The irritation of the fever will cause them to be fretful, peevish, and desponding, which is often by others mistaken for ill temper, which erroneous opinion only leads to further inconvenience and unhappiness. Women, whose happiness always is a matter of deep interest to the civilized man and christian, are, during the state of *Pregnancy* more than at any other time, entitled to the tender regard and affectionate consolation of their friends; particularly of those who claim the title of *Husband*, and expect to be hailed by the endearing term of *Father*. The desires and dislikes of pregnant

women should therefore be respected, and the effects of despondency obviated by encouraging them with hope.

37. If the feverish heat, full pulse, headache, uneasiness and restlessness continue to increase as pregnancy advances, which they frequently do, becoming sometimes very distressing and alarming: recourse should be had to small bleedings from the arm, which should be done in a sitting posture, being careful to stop the bleeding without regard to quantity, and cause her to lie down as soon as any degree of faintness is perceived, and to be kept in a state of rest for some hours after.* The bleeding should be followed by a moderate dose of either of the saline purgatives, after which two or three doses of Soda Powders, during the day, or cool drink acidulated with Lemon Juice, Vinegar, Cream of Tartar, Tamarinds, Cherries,

** It should be observed that in all cases where bleeding has been performed, Rest, in a horizontal position is absolutely necessary after, in order to obtain the full effects of the arterial tranquility, consequent upon the abstraction of blood: otherwise, the system will be debilitated by the loss of that blood without an equivalent reduction of inflammatory action.*

Plumbs, &c. The bleeding and purging may be repeated as occasion may require; but the first should not be copious, nor the latter violent, as from either danger may result.

38. **VOMITING.**—Among the early symptoms of pregnancy are Sickness and Vomiting, which generally cease after quickening, and return towards the conclusion, sometimes at intervals during the whole period; which when moderate and confined to the early part of the day, should be left to nature, not being of a dangerous tendency, but generally found serviceable; as a woman will generally find she enjoys more ease during the remainder of the day, after having vomited in the morning, than when she has not.

39. In other cases when sickness and vomiting prove more severe, and the stomach continues to reject the food taken during the day, recourse should be had to medicine. When the vomiting is accompanied by a costive state of the bowels, a dessert-spoonful of Carbonate of Magnesia should be given several times during the day, until they are moved, and continued once or twice a day for some time: or the following,

R. No. 13.	Calc. Magnesia,	1 dr.
	Pulv. Rhubarb,	1 dr.
	Ess. Cinnamon,	40 drops,

Loaf Sugar,	2 dr.
Water,	4 oz.

Of this mixture, one table-spoonful may be given every four hours; a Seidlitz Powder taken occasionally will be found useful. If the vomiting be accompanied by a diarrhœa, a tea spoonful of Prepared Chalk diffused in cold water, three or four times a day, Soda Powders, Lime Water and Sweet Milk, or a pledget moistened with Laudanum and Camphor applied to the pit of the Stomach, will all prove very serviceable. If the case be accompanied either from the first, or become so in its progress, by a hard pulse, feverish heat, head-ache and dizziness, it will be necessary to bleed from the arm, from 6 to 12 ounces, under the restrictions formerly mentioned, (37.) The bleeding may be repeated in a few days, should the symptoms which indicate it still exist. It is much more safe, thus, to take away small portions of blood at a time, and repeat it frequently, than to take a large quantity at a time. In such cases as will resist the foregoing treatment, but in which the feverish state or inflammatory action has been broken down, or naturally worn out, the following may be used.

R. No. 14. Carb. Magnesia,	4 dr.
Laudanum,	50 drops,

Ess. Peppermint,	50 dps.
Loaf Sugar,	4 drams,
Water,	8 oz.

the sugar, if disagreeable, may be omitted; dose. a table-spoonful after each attack of vomiting. If these fail a blister should be applied over the region of the stomach; the blister when spread should be sprinkled over with finely powdered Camphor. If the blistering be objected to, cupping over the region of the stomach, with or without scarifying, has frequently been of service. A glistar composed of 3 gills warm water, with 30 drops Laudanum, administered at going to bed, is also an excellent remedy. It should at all times be carefully observed, not to arise suddenly from a recumbent position. All the above remedies will be much assisted by confining the patient to a very small quantity of food or drink, not more than a spoonful of new milk, with one half of a water cracker at a time; fresh cream, which has always been found very grateful to the stomach when irritable, will also answer a very good purpose; in particular as it affords nourishment and does not coagulate and become indigestible like milk, but it must be perfectly fresh and sweet. In some cases when a bilious diathesis prevails, which is known by vomiting of bitter matter, a bad taste in the

mouth, a foul tongue, fœtid breath, give at bedtime, 10 grs. of calomel made into a pill, and procure free purging the next day by Epsom Salts, Castor Oil, or Senna; then use R. No. 13.

40. HEARTBURN,—is a painful sensation of heat in the throat, fauces and stomach, attended with sudden gurgitations of thin sour acrid saliva into the mouth. There is often reason to think, that it is occasioned by food highly seasoned, or not easily digested; and by fermented liquors, and, sometimes by sleeping in an erect posture after a meal; but, it most frequently depends upon some sympathy of the stomach with the uterus; and although more disagreeable, and difficult to remove than dangerous; and always removed by delivery; yet, there are some cases which are extremely distressing and cannot be considered as entirely void of danger.

41. Although we cannot expect entirely to remove this unpleasant attendant on pregnancy until after delivery, it may be much mitigated, by giving two or three times a day a large tea spoonful of Carbonate Magnesia, or prepared chalk in cold water; a table-spoonful of Lime water; three grains of Pearl Ash, or ten grains of Sup. Carbt. Soda, in a gill of fresh water. In obstinate cases, the following will be found a very beneficial prescription.

R. No. 15.	Calc'd Magnesia,	1 dr.
	Ess. Cinnamon,	1 dr.
	Ammoniated Water,	1 dr.
	Spring Water	4 dr.

Two or three tea-spoonfuls may be given occasionally, particularly after meals, each dose to be taken in a large table-spoonful of water. If costiveness prevails, it should be removed by gentle purgatives, Magnesia is among the best in this case; but if diarrhœa attend, the Chalk Julip must be given, viz.

R. No. 16.	Prepared Chalk,	4 dr.
	Ess. Cinnamon,	50 drops,
	Loaf Sugar,	2 dr.
	Gum Arabic,	4 drs.
	Water,	8 oz.

one table-spoonful of this mixture may be given every three, four, or six hours, but, if no perceptible benefit result after a few doses, add 5 drops of Laudanum each time, for a few times. When frequent urgency to stool, and bearing down accompany the diarrhœa, there should be administered in addition to the julip a glyster of Starch and Laudanum. (See appendix.) In many cases great relief will be obtained by a solution of Slipery Elm bark, or Gum Arabic in cold water; or white of an Egg beat into a mucilage, with cold water, adding to either a

small portion of Loaf Sugar, of which a half gill may be taken occasionally.

42. **COSTIVENESS**,—is frequently attendant on pregnancy, and when excessive, gives rise to many other affections; such as, colicky pains, head-ache, flushing of the face, frequent desire to make water, unavailing straining at stool, piles, palpitation of the heart;—costiveness, if not the cause of vomiting, heart-burn, and flatulence, is known much to increase them; and there is much reason to believe it is frequently the cause of abortion, and therefore of much importance that it should be removed. But in accomplishing this, care should be used to select proper cathartics, strictly avoiding all such as are rough and griping, as profuse purging is inimical to the state of pregnancy. Small doses of Epsom Salts, Seidlitz Powders, Manna, Senna and Manna, Castor Oil, Rhubarb, Sulphur and Cream of Tartar, are the most proper purgatives; these ought to be used in rather small and repeated doses, than given largely. The following pill has been found very beneficial in obstinate costiveness.

R. No. 17. Aloes,	2 drams,
Rhubarb,	3 dr.
Castile Soap,	30 grains,

mixed, and made into common sized pills with molasses, of which one or two are to be taken every night, or every other night, as occasion may require. Much may be done to remove this unpleasant state of the bowels by a suitable diet; as articles of which, bread made of unbolted ground wheat, and bran tea sweetened with molasses or manna, deservedly rank high; also, such other articles as are known to have a laxative effect upon the bowels, should not be neglected. If the bowels have been in a costive state for many days, it will always be advisable to assist the operation of the medicines by a glyster, composed of a pint of milk and water, with the addition of a table-spoonful of lard, which will facilitate the evacuation of the hardened feces, by the removal of which the medicines operate with less pain and sickness.

43. **PILES**,—are a cause of much suffering to pregnant women, and in consequence of the delicacy attendant, they will generally suffer a long time in silence rather than apply for aid. Piles are generally preceded by a sense of fullness and aching in the verge of the anus, followed by a throbbing pain, and one or more extremely painful tumors soon after appear externally, which sometimes burst and emit blood. When piles are accompanied by a feverish ex-

citement, head-ache, pain in the back, the woman should be bled from the arm, (under the restrictions mentioned in 37.) Leeches to the tumors give great relief, but they are seldom to be had, and the application of them difficult; resort is therefore to be had to puncturing the tumors with a sharp lancet in several places, and immediately afterwards applying a warm poultice, of bread and milk, or linsced flour stired into hot milk, interposing between the tumors and the poultice a very fine linen or cotton rag, previously well annointed with some mild oil or hogs lard. The poultice should be removed every few hours, and during its application the patient must be kept on her back with the knees drawn up. In some constitutions cold applications answer better than warm; if the case should appear to be aggravated by warm poultices, then, fine cloths dipped in cold water, applied and renewed as they become warm, or the cloths steeped in the following mixture, also to be used cool.

R. No. 18.	Sugar of Lead,	1 dr.
	Laudanum,	100 drops,
	Water,	2 gills.

In cases attended by great irritation and which seem aggravated by either of the former applications, the following ointment applied with

a feather every few hours will often afford great relief.

R. No. 19. Leaves of Thorn Apple, or otherwise called

James Town weed, a handful,

Hogs Lard, 4 oz.

bruise the leaves and simmer over a slow fire for one hour, then strain out the leaves.

44. If the bowels are costive they must be opened by some laxative, such as half an ounce of Castor Oil, or a large tea-spoonful of Epsom Salts, in lemonade, or vinegar and water, to be repeated every few hours until the bowels be moved, but free purging is carefully to be avoided. The following

R. No. 20, Flour of Sulphur, 1 oz.

Cream of Tartar, 1 oz.

Rhubarb powdered, 1-2 oz.

is an excellent laxative in piles, a tea-spoonful to be given in molasses or jelly every two hours until it operates; it may be used in the place of salts or castor oil, and continued once a day so as to keep the bowels from again becoming costive. If on the contrary, diarrhæa, griping or tenesmus be present, ten drops of Laudanum, or thirty drops of Paregoric, are to be given and repeated in two, three, or six hours, as occasion may require. A glyster of Starch, or Flaxseed

tea, to either of which fifty drops of Laudanum may be added, and administered, will be of essential service.

45. After having pursued the foregoing treatment and reduced the irritable and feverish state, it should be attempted to return the tumors beyond the verge of the anus, by making gentle and continued pressure with, and between the ends of the finger and thumb. If they do not easily return, or again protrude, bathing them with a decoction of white oak bark, or anointing them with either of the following ointments, will at this stage be of great benefit.

R. No. 21. Nut Galls powdered, 1 dr.
Opium powdered, 10 grs.
Fresh Lard 1 oz.

or

R. No. 22. The powder contained in the
Puff ball, 2 drs.
Hogs Lard, 1 oz.

to be well mixed; if these ointments should be irritating, they must be weakened by the addition of more lard. During a paroxysm of the piles, the patient must be kept quiet, and maintain a recumbent position, using spare and for the most part liquid diet; and in order to prevent a return, great attention must be paid to the bowels, to keep them in a moderately

solvent state, for which purpose the diet should consist chiefly of vegetables, unbolted wheat bread, Indian corn or rye meal mush, with milk, rice &c. If these fail to keep the bowels open, recourse must be had to more active means, such as R. No. 20. It will be prudent to be as little upon the feet as possible, and keep them warm and dry, using hard seats and avoiding those that are cushioned.

46. **STRANGURY**,—is a frequent inclination to void urine, and a painful discharge of it in small quantities. It is sometimes caused by not complying with the calls of nature, and retaining the urine too long; but most frequently arises during the early period of pregnancy, from the sympathy which exists between the womb and bladder; subsequently, from the pressure of the enlarged womb; a retroversion or falling down of the womb from its pressure against the neck of the bladder, may also give rise to it, in such cases, a tumor in the passage will be evident. For the relief of strangury, if fever be present it will be necessary to bleed; if the bowels be costive, they should be moved by laxatives assisted by glysters; in the mean time drinking frequently of tea made of either Elm Bark, Marsh Mallows, Flaxseed, Parsley root, or Lovage, adding three or four times a day to some of

the tea twenty drops Spirits of Nitre, and five drops of Laudanum, or in the place of the Laudanum twenty of Elixir Paregoric. Should the strangury be caused by the falling down of the womb, it must be removed by replacing it according to the directions formerly given, (32.) and while so attempting to replace the womb, let her make effort to void urine, and if the bladder be thus emptied the tumor will probably return by further gentle pressure upwards, and if so, she should keep her bed for some days. Should there be an entire suppression of urine, recourse must be had to the catheter, for which purpose the attendance of a physician must be procured if possible, for if not speedily relieved the case soon becomes seriously dangerous.

47. INCONTINANCE OF URINE,—sometimes a troublesome affection in advanced pregnancy, is caused by the enlarged womb pressing upon the body of the bladder, is most troublesome when in an erect posture, or having a severe cough; some relief may be had by a change of posture, or by mitigating the cough, but is not dangerous and will be removed by delivery.

48. ITCHING OF THE PUDENDUM,—with an irresistible desire to scratch, is in some cases a very distressing complaint, more so, as women will

suffer intense misery in silence, and even when forced to consult medical men will not make it known, unless drawn from them by close and repeated questioning. Women are liable to this affection at any time of life; it is frequently dependant on some disease of the bladder or womb, and when so, no treatment will avail as a cure, unless the primary disease be first removed; it is also, sometimes an original disease, and sometimes appears to be caused by the pregnant state, and in all cases where having previously existed, is much increased during pregnancy. The means of relief depend on attention to the state of the system; when attended by fever, low diet, bleeding and cooling purgatives will be necessary; cold water, or lead water, frequently applied with a pledget of old linen; or the following;

R. No. 23.	Borax,	1 oz.
	Water	8 oz.
	Tinct. of Myrrh,	1-2 oz.
	Laudanum,	200 drops,

or

R. No. 24.	Lime Water,	8 oz.
	Gum Kino pow'd	1-2 oz.
	Laudanum	200 dps.

or

R. No. 25.	Lime Water,	8 oz.
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Corrosive Sublimate, 8 grs.

either of these injected into the passage, two, three, or four times a day, during the intervals to keep pledgets of old linen, or a soft sponge, moistened with the same, in close contact and frequently renewed, should exercise great forbearance in scratching. When not pregnant bleeding and purgatives may be carried to a greater extent.

49. CRAMPS.—Pains in various parts, especially about the face, ears, teeth, hips, also numbness of the inferior extremities, with involuntary and painful contractions and agitations of the muscles. Although troublesome, they are seldom of sufficient importance to require any medical treatment; but if they should be excessive, and much fever or costiveness prevail, these should be removed as directed under their respective heads; also anointing the part with Opodeldoc, Camphorated Spr., Laudanum, or Camphorated Sweet Oil, will generally give relief, but delivery alone will perfect a cure.

50. PAIN IN THE SIDE,—sometimes high up under the ribs, which often occasions much distress, as well as anxiety to pregnant women, appears to be caused by distention or pressure of the enlarged womb, and admits of but very imper-

fect relief: bleeding and blistering are sometimes resorted to, but without much if any benefit. If therefore fever does not prevail, bleeding had better be omitted; blistering is still more doubtful, as both tend to weaken the system without an equivalent benefit. It may be treated as other pains; (see 49.)

51. **RESTLESSNESS AND WANT OF SLEEP**,—also admits of but imperfect relief, the fever and costiveness being attended to, low diet, a hard bed or matrass, cool air, cold water, a glass of which drank at retiring to rest, will in some degree mitigate it; while on the contrary late suppers, animal food, stimulating drinks, feather beds and warm close rooms, will very much aggravate it.

52. **DISTENTION OF THE ABDOMEN**,—in some cases becomes so great as to be very inconvenient, if the skin crack and become inflamed and sore, it should be annointed with Sweet Oil, fine Sperm Oil, Veal Fat or Beef Marrow. When the weight and distention causes the abdomen to become pendulous and hanging over before, occasions much pain, difficulty in walking, and many other inconveniences, these will be much relieved by a broad bandage suitable to the purpose, passed round the lower and middle part of the abdomen, to support it with a moderate

degree of firmness, and then bear it up by a sling depending over the shoulders.

53. ABORTION,—is the expulsion of the contents of the pregnant womb, at a period of gestation so early as to render it impossible for the life of the child to continue. This is a subject of much importance, as besides the loss of the child, the life of the mother is frequently exposed to imminent danger. Abortion or miscarriage, occurs before the seventh month; if the expulsion take place after that, and before the ninth, it is denominated premature labour. We will in this place consider the cause, preventives, and treatment of abortion, and in a future chapter resume the subject of premature labour.

54. CAUSE OF ABORTION.—Although in many cases, no evident cause can be assigned for the production of this unpleasant occurrence, it may be mostly traced to some of the following: violent exercise; severe fatigue; sudden exertion; contusions or shocks on the body; heating and stimulating food; indulgence in spiritous and other intoxicating liquors; violent operations of emetics and purgatives; fear, grief, and excessive joy; a full gross habit and feverish state of the system; exciting and debilitating diseases. A delicate frame, and weakly constitution, will predispose to it, yet, there are some in whom there

exists a predisposition to abortion, and who nevertheless appear otherwise healthy, in such, the slightest causes will excite the womb to cast off the contents; and having once done so, are apt to miscarry again, and if the habit be once acquired, it becomes very difficult to remove; ruining the health of women, and disappointing the fondest hopes of parents. It is therefore, of importance that young women should not miscarry in their first pregnancy, and, when having done so, double caution should be used about the same period in the succeeding pregnancy. Great temperance in all things, and those directions and precautions heretofore prescribed as favouring a happy termination, together with fortitude in the woman, and forbearance, prudence and discretion in her friends, will frequently prevent abortion, and she be enabled to carry her fruit to its proper time.

55. THE SIGNS OF APPROACHING ABORTION,—are, the absence of the usual morning sickness, a subsidence of the breasts, discharge of water or of blood from the womb, commonly known by the name of flooding, and by medical writers denominated uterine hemorrhage; pains in the back, loins, and lower parts of the belly coming on in paroxysms with alternations of ease, resembling those of labour: for more particular description of which, see labour.

56. **TREATMENT OF ABORTION.**—The hemorrhage being the surest precursor of abortion, demands our first regard, for if it continue, abortion must ensue. If then, this alarming symptom be present, our only hope lies in restraining it. Yet it must be borne in mind that frequently the hemorrhage is the effect of the aborting process already going on, and therefore the discharge cannot be stopped until the embryo has been cast off; but still in that case we can generally by correct conduct so moderate it, that the woman will be sustained, and her life be preserved. The most important inquiry will be into the state of the system; whether it be in a state of febrile excitement, which shall manifest itself, by the heat of the body being increased above the natural standard; the pulse full and strong or cord-like and beat quick; flushed countenance, anxious quick and short breathing, dry mouth and thirst: or whether she be in a state of debility and exhaustion which will be known by a faintness, vomiting, pale lips, blue nails, cold extremities with convulsive twitching.

57. In the state of febrile excitement, the most effectual remedy is blood-letting under the restrictions mentioned. (37.) The bowels must be attended to; if costive to be opened by some

of the saline purgatives or Castor Oil, and if diarrhea be present, it must be relieved by a few drops of Laudanum or of Paregoric, or by the use of R. No. 16. Immediately after the bleeding, she must be confined to a horizontal posture, on a hard bed with light covering, every thing that will heat the body and quicken the circulation must be carefully avoided, cold air freely admitted into the chamber; and she be kept perfectly quiet, every kind of exertion strictly forbidden, even to conversing with her friends; the diet must consist wholly of vegetables, fruits, butter milk, cold water, lemonade; all cordials, spiritous liquors, spices, and stimulating food must be rejected. Cloths wrung out of cold water, or vinegar and water, should be applied to the back, bowels, thighs, and external parts; and when the heat of the body is considerable, and the hemorrhage profuse, the coldness of these applications may be increased by ice or snow; but these cold applications are limited to the stage of excitement, and to be discontinued on their producing pain or a continued chill. If the fever is reduced, and the system brought rather below the natural heat, then, if there be a continued pain, thirty or fifty drops of Laudanum, given in a spoonful of vinegar, or one fourth of a grain of Opium, with half a grain of

Ipecacuanha made into a bolus, two, three, or four times a day, will abate it. But if the pains be in paroxysms, with ease between them, and bearing down with expulsive effort, (see labour description of,) and more particularly, if this kind of pains have preceeded the flooding, then opium and laudanum are improper, as they will prolong the suffering. Very little expectation can be had of saving the child, our attention must then be directed chiefly to the saving of the mother; for if the embryo must be parted with, the sooner the better; which laudanum & opium retard. The aforesaid treatment to be pursued steadily from day to day, until all appearance of abortion shall have vanished, and then to try, by rising slowly and without exertion, whether she is safe in so doing; but on the least appearance of the return of flooding or pain, again to resume the bed as before. During all this time the stomach and bowels must be attended to for which see paragraphs 38, 40, and 42.

58. If the case be one of exhaustion, of which if the reader will judge by the symptoms before mentioned as indicative of that state, the treatment must be varied accordingly. Before she will have been brought into this state, she will probably have flooded much, and the hemor-

rage will be considerably diminished, at least for the time. Fainting, or disposition to it, will then be the most prominent and alarming symptom, which, is not only a consequence of the loss of much blood, but is the remedy which nature makes use of to check the further effusion. This, although very alarming to those unacquainted with its good effects, should not in recent uterine hemorrhage be interfered with, no efforts should be made to rouse her by volatiles, or prevent a recurrence of fainting by administering cordials or other stimulants; but she should be left in that languid state which always accompanies fainting: during which the blood moves slowly through the vessels, and an opportunity is afforded for the mouths of the bleeding vessels to contract, the blood to coagulate, and the bleeding to be stopped. When some time has been allowed for the contraction of the blood vessels, and coagulation of the blood, and the fainting should still continue to an alarming degree, dash cold water on the face, give a table-spoonful of wine, or a tea-spoonful of Brandy, or Camphorated Spirits, or twenty drops of Ether, in fresh water, which repeat every ten, twenty, or thirty minutes as the recovery may be quick or slow, having regard to the hemorrhage, if it show a disposition to return, desist

from the brandy &c., which, at all events must be used no longer than absolutely necessary to call back the powers of life, which when recovering must be left to themselves; keep her perfectly quiet, not permitting her to speak or move hand or foot. After being somewhat restored having still hopes of averting the abortion, and there be pain, opiates may be given, (see 57) a soda powder, in the state of effervescence, given a few times at intervals of a few hours, and if there be still a slight discharge, alum whey may be given.

59. Sometimes the exhaustion will be very great, and yet there will be no contraction of the vessels, nor coagulation of the blood; these cases are very dangerous, and may be known by the hemorrhage continuing, and by their being in addition to the symptoms of exhaustion before mentioned, a great degree of restlessness and anxiety, with a deep heavy sighing, a desire to be raised to an erect posture, which if done *death* will immediately ensue. Desperate as the case now is, yet if we can succeed in arresting the loss of blood, there is still hope; the only means we can now rely on is stuffing the passage; this is done by taking a pretty large peice of very soft fine linen or cotton cloth, and dipping it in Sweet Oil, fresh Lard, or Foot Oil, and

wringing it gently, then dipping it in cold water, and with the finger, introduce it into the passage, portion after portion, until the passage be well filled; the remainder is then to be pressed firmly on the orifice, and to be there held steadily, for a considerable time, until it shall be apparent that advantage has been gained over the flooding, which will be known by a revival of the powers of life; it may then be fixed by a suitable bandage, so as to retain it until the expulsive pain shall commence, and expel it together with the contents of the womb; for which purpose it must then be let loose, but not removed, permitting the force of the expulsive efforts to remove it.

60. Occasionally cases of pregnancy occur, accompanied by a slow or chronic hemorrhage, continuing for many days in a small degree, sometimes being scarcely perceptible, at other times more profuse, but not sufficient to excite much alarm, until some new excitement or exertion, suddenly brings on formidable hemorrhage; and abortion with great risk of life to the woman takes place. A dull, heavy, aching pain in the back, at all times easily excited into a sharp pungent pain, darting through the womb, in different directions, and down the thighs is commonly attendant. When a case occurs, characterized

by the above mentioned occasional discharge, and peculiar pain, then, in addition to the treatment heretofore pointed out as regards the febrile action, attention to the bowels, and rest in a recumbent posture a blistering plaster should be applied to the small of the back; which plaster should be made of the flies and ointment well mixed, and after being spread, be covered over with finely powdered camphor, and a very fine muslin interposed between the plaster and the skin. The plaster to be removed in six hours, and the blister to be raised by a poultice of bread and milk, or Indian corn mush, well smeared with lard, or sweet oil, the blister afterwards dressed as usual; after blistering, the following:

R. No. 26.	Sal. Nitre,	30 grs.
	Opium,	5 grs.
	Ipecacuanha,	5 grs.

to be finely powdered, mixed together and divided into twenty portions, one of which to be taken, three times a day, in some syrup or roasted apple. If this preparation should excite vomiting or pain in the stomach, it must be discontinued, and the case trusted to low diet, perfect quietness and rest in a recumbent posture; and to those remedies before prescribed for the symptoms which are present. A repetition of the blistering will be necessary if those symptoms

mentioned before, as calling for it, be still present.

61. Doubtful cases will occur, as being somewhat between that of febrile excitement and exhaustion; those having the care of them will judge to which they more nearly approximate.—In most of those of a doubtful character, the bleeding may be omitted, or but sparingly used.

62. ABORTION FROM EXTERNAL VIOLENCE.—External violence is a very frequent cause of miscarriage, yet, if from this source is more under the control of proper treatment, than from internal disease; we will therefore devote a paragraph to those arising from this cause. A pregnant woman having received an injury from which abortion might be apprehended, should immediately be put to bed, and kept perfectly quiet, if chilly, some warm, not hot tea, be given her for drink, and moderately warm covering, but no longer than the chill may continue; as soon as that is off, or if no chill has taken place, then to be kept cool, admitting the fresh air freely, and cold water for drink, and when fever shall succeed such injury which will be known by the symptoms of febrile excitement present, (see 37;)—with pain in the part which has sustained the shock, a moderate bleeding from the

arm, gently raising and supporting her while so doing; the bleeding to be repeated, according to the urgency of the fever. But observe, that scarcely any good remedy is so much abused, as bleeding after accidents. The common opinion, that bleeding must succeed every injury from external violence, is very erroneous, and frequently highly injurious. We do not bleed because an injury has been sustained, but to allay the excitement and abate inflammation, which frequently follow injuries; therefore, always wait until excitement shows itself, for should we abstract blood while the system is prostrated, we would be adding to that prostration, by diminishing the abilities of the circulating functions to re-act and overcome the effects of the injury,—and if re-action be too long in coming on, the blood will become, as it were, chilled or congested, either in the part injured, or some other part sympathising with it; *mortification* and *death* may ensue, where, otherwise, probably only a moderate degree of inflammatory action, resulting in health, would have been the consequence. On timely re-action will depend much of the safety after injuries, which re-action must be moderated, and kept within due bounds, by treatment suited to the occasion. We are fully aware, that there are some exceptions to the above rule for bleed-

ing, but we are confident it is the best and only safe rule for those who have not a medical education. Attention should also be paid to the state of the bowels, if costive, they should be moved by small and repeated doses of Castor oil, Epsom salts, Sedlitz powders or Creamor Tartar assisted by Enema when necessary. She must be kept in a horizontal posture, as long as she feels any of the effects of the injury remaining upon her; after that, to arise slowly to an erect posture, and gradually resume her usual habits. But if symptoms of Abortion should succeed, she must be treated as before directed.

63. In all cases where there is reason to fear Abortion, a state of absolute rest in a horizontal posture, is to be enforced with great perseverance, as the first rule of practice. By rest alone, without any other assistance, hemorrhages may be restrained and abortion prevented; but, without it no woman can be safe. All other means will be unavailing, unless assisted by rest. Even after the immediate alarm of the attack is over, and she be in a prosperous state of recovery, she must still recollect her danger. She should be confined to a cool bed, for several days after, and keep her room for a much longer period.— And by following the advice here given, if she fail in averting Abortion, she will save her strength and thus husband the resources of her

constitution for her own recovery; otherwise, if she does recover, it will be with a broken-down system, and for a long time be subject to many nervous affections, and, perhaps drag out a miserable existence, during the remainder of her life. If Abortion shall have taken place, she is then to be treated as women in child-bed are directed to be. Much after-attention is frequently necessary, many distressing and dangerous affections often follow women who have miscarried as well as those who have had children at full time, the prevention of which, is of much importance, and is frequently in our power, for which directions will be given in the chapter on lying-in women.

CHAPTER II.**ON THE PARTS CONCERNED IN PARTURITION, AND ON LABOR.**

SECTION I.*FEMALE ORGANS OF GENERATION;
and parts concerned in the act of parturition.*

64. In order to assist us in the description of labors, and give those necessary instructions and directions for their successful management, it is requisite that the reader should have some knowledge of the parts concerned, be somewhat instructed in their use and office, and become acquainted with the names by which we have hitherto, and shall continue to designate them.

65. Externally, that protuberance immediately in front of the lower part of the abdomen,

extending to the groins, and covered with hair, is called the *Pubes*, or Pubic region; below this the *Labia Pudendum*, or lips of the external orifice or cleft, commence, descending downward and backward on either side, and uniting about an inch and a half from the fundament or *anus*. The space, which occurs between the posterior union of the lips and anus, is called the *Perineum*. Internally, and directly under the middle of the Pubes, is a projection or acute bony protuberance, formed by the juncture of the pubic bones or *Symphysis Pubis*; under the projection, and within the lips, is situate the external orifice of the *Urethra*, or canal leading to the bladder, through which canal the urine is voided; this canal being nearly straight and directly upward, about two and a half inches in length, and in diameter sufficiently large to admit a goose-quill; the orifice of the *Urethra*, is surrounded by a small spongy knob. The Urinary bladder is a membranous pouch capable of dilatation and contraction; situated in the lower part of the abdomen behind the pubic region, extending towards the navel, lies in front of the contents of the abdomen, and in contact with its front wall. Under the orifice of the *Urethra*, is the orifice of the *Vagina*, or canal leading to the womb, having the urinary bladder anterior, and the rectum

posterior; this canal is from one to two inches in diameter, but is capable of being very greatly distended; in length it is from five to six inches, the upper part of which embraces the mouth of the womb—so that it projects into the vagina in the form of protuberant lips, the opening in which is called the *Os Uteri*, or mouth of the womb.—But when these parts become distended and unfolded during parturition, the lips become obliterated and the whole assumes the appearance of a continuous canal.

66. THE UTERUS or WOMB,—frequently called the Matrix, is situated in the cavity of the belly, at the extremity of the vagina, lying also between the bladder and rectum; it is a hollow viscus, about the size and shape of a large pear, somewhat flattened, but is capable of great distention, while its walls retain their original thickness and strength. This organ, also, possesses the power, when distended, of powerfully contracting, or drawing together its fibres, so as to lessen its internal cavity, and by that means expel its contents; this process, when it takes place in due time is called *Labor*, and the result *Birth*.

67. RECTUM.—Although not a part of the organs of generation, yet, being intimately connected with them, it is proper to have some idea of

it. It is the last division of the intestines, terminating in the *anus*, through which the excrement is voided, it lies along the middle of the lower portion of the back-bone, beginning a little below the small of the back, its length is about seven inches, and in diameter one, but is capable of considerable distention, and possesses contractile force for the expulsion of the feces.

68. THE PLACENTA OF AFTER-BIRTH, AND UMBILICAL CORD,—forms the medium of communication between the mother and the child; the *placenta*, is a circular, flat, cake-like, and apparently fleshy substance, about one inch thick in the middle, gradually becoming thinner towards the circumference, from the edges of which are continued thin membranes, which form an enclosure or bag, in which is contained the embryo, or child floating in water. From the centre of the placenta, extends a cord, about half an inch thick composed of various vessels, which carry blood to and from the child. This cord is called the navel string or umbilical cord, from its being inserted into the navel or *umbilicus* of the child.—The placenta is closely attached by a great number of small vessels to some part of the womb, mostly to the top, sometimes to the sides, and occasionally, but very seldom to the lower part, directly over the mouth, and when so, is an

entire deviation from the natural course. By means of the connection between the placenta and uterus, and between the placenta and child through the medium of the umbilical cord, the blood is enabled to pass to and fro between the mother and child, and thus affords nourishment and life to the latter, until it is capable of undergoing an extra-uterine existence. The cist, or bag which contains the child and waters, is called the ovum or egg, but when the waters and child have been expelled, the bag alone is called the placenta or after-birth.

69. The urethra, vagina, and rectum, are surrounded by a bony case, called *Pelvis*, or Basin, from the resemblance it bears to it; the largest diameter of which above is from side to side or lateral diameter, below, from before backwards. During gestation, the mouth of the uterus is glued shut by a tenacious mucous. The bones of the skull of an unborn infant are not united or joined together, but are left separate, being connected by ligaments only, so as to allow them when pressed upon to overlap each other, and by diminishing the volume of the child's head, to facilitate its passage through the strait, through which it must be forced.— This brief account of the parts concerned in gestation and parturition we consider necessary :

more perhaps will be desired, but it is doubtful, whether much anatomical description, would not rather perplex than benefit, those for whose instruction this work is intended.

SECTION II.

70. **LABOR OF PARTURITION;**—by which is meant the contraction of the fibres of the uterus, and the expulsive efforts made by it for the birth of the child, takes place at the completion of the term of gestation, a period, of about forty weeks, or nine Calender months. At this period the child being able to live without its connection with the mother, or in other words the fruit being ripe, the womb begins to contract itself, so as to lessen its internal cavity, and thereby expel, or thrust off its contents, which contents being thus pressed, are propelled downward, towards the mouth of the womb, which opens and dilates so as to give them a ready exit, at the same time those parts through which they are required to pass, assume a dilatable disposition. We shall divide Labors into two classes viz:

**NATURAL AND
PRETERNATURAL.**

71. **NATURAL LABOR;**—by which, we mean all such as come on at the full period of nine months, in which the head of the child presents

and which are completed by the unaided efforts of nature; are so denominated from the frequency of their occurrence, and the regularity with which they proceed. Labor is usually divided into stages, not that there is an intermediate suspension between any one period and another, but for the sake of being understood when speaking of the treatment to be pursued.

72. The first stage of labor commences with the true labor pains, and ends when the *os uteri* is completely dilated; about the time the membranes of the ovum usually burst and the waters are discharged. The second stage is occupied in the passage of the child's head so low as to begin to press upon the perineum; and to dilate the external parts. These two stages frequently go on together; although the mouth of the womb is usually dilated before the head shall have descended low down; yet it sometimes happens, that it is rigid and not disposed to dilate, and therefore descends before the head which is thus covered by the neck of the womb present at the external orifice. The third stage of labor commences with the distention of the external parts into the form of a large protuberant tumor, and continues until the external orifice shall be so far dilated as to suffer the child to pass through it. The last stage is ta-

ken up in the care of the infant, in tying and cutting the navel string, and in receiving or gently aiding the delivery of the after birth.

73. It is very important that midwives or such as undertake to give assistance, should keep this division of labor into four stages, constantly in their minds and perfectly understand what is going on during each, by which they will avoid all unnecessary hurry and confusion; they will expect no more in any one period, than is intended by nature to be then performed, and will patiently wait for its accomplishment; and particularly they will see the impropriety, folly, and danger of attempting, by any preposterous efforts of their own, to assist or shorten the accomplishment of any one of these periods, by which they can only intercept nature and interrupt her in her present operations, and will most surely render that period which is to follow, more painful, difficult, and dangerous; for every regular symptom of labor performs a double office; it not only accomplishes a present object, but it prepares the parts, which are next to be concerned, for the more easy accomplishment of what is to follow. These different stages of labor can only be ascertained by examination of the passage or vagina. By this operation we judge of the size of the pelvis,

and its deformities; we discover pregnancy, the approach and progress of labor; we distinguish true labor pain from such as are false; we discover the presentation of the child, and we form an opinion of the probable termination of the labor.

74. **EXAMINATION OF THE PASSAGE.**—To perform this with address, and to draw from it certain conclusions in intricate cases, can be acquired only by attentive practice and long experience, aided by previous anatomical knowledge of the parts. But we hope to be able to give a few plain directions, which may teach others how to judge from hence of the progress, and to direct them in the conduct of a natural labor; and also to discover those which are preternatural, and are likely to be difficult. It is a rule among male accoucheurs, never to perform the operation except in the presence of the nurse, or some other married women; but with female accoucheurs or assistants, this delicacy is not absolutely necessary; yet still, it is advisable that some other woman be present. The patient should lay on her left side, on the edge of the bed, with her knees drawn up, and a small pillow between them; a light covering should be thrown over her. The midwife sitting at the side of the bed, the forefinger of the right

hand first anointed with lard, or sweet oil, is to be carried up along the back of the thighs, to the perineum, and posterior union of the lips of the external orifice of the vagina, into which, the finger is to be cautiously introduced. The finger ought not to be introduced at the fore part of the lips, and from thence, back to the vagina. The introduction should be made with all possible tenderness, carefully avoiding all hurry, force, or rudeness, by which, the parts may be irritated, or wounded; and, above all things, take care not to break, or burst the membranes, in case the internal orifice, should be found to be dilated, and the membranes pressed down, and upon the stretch.

75. The finger will probably, first reach the neck of the womb, now developed, covering the head of the child, and pressing down into the vagina; passing the finger toward the backbone, and upward, the mouth of the womb will generally be found, (in the beginning of labor,) far back, and high up, in very different states, in different women. In some, hard and irregular; in others, thick, soft, and smooth, a little open, and beginning to discharge a thick mucus; whilst in some few, it is worn quite away, although, still close shut. The examination is to be commen-

ced, a little before the time that a pain is expected, and should be continued during the pain, and until it ceases, so that the effect of the pains upon the internal orifice may be noticed; and having the finger introduced, continue it, until satisfied of all that is desired, or can then be discovered.

76. If the mouth of the womb be pressed down tense, and begins to dilate during the pain; if this general tension relax during the intermission; and especially, if those parts remain soft and slippery,—and a thick mucus, with, or without some tinge of blood, begin to ooze from them; we conclude the labor to be actually begun. But if, on the contrary, we discover no extraordinary pressure, and the mouth of the womb be neither dilated during the pain, nor relaxed again as the pain goes off, we may conclude the present pains, to be false—that labor has not yet begun, nor can be promoted by them, and they should therefore, be suppressed.

77. FALSE PAINS—frequently resemble true labor-pains, so exactly, as to be mistaken for them—particularly, by young women, with their first child. But, they are carefully to be distinguished from true labor; or the mistake, may lead to error, and mismanagement. If it is ascertained,

that the pains are false, the woman, if she be feverish, with a full pulse, and hot skin, should be bled from the arm, and put to rest in a horizontal posture; if costive, the bowels should be moved by a gentle purgative, assisted by a glyster; and perspiration be promoted by drinking frequent draughts of weak tea. By such means, false pains will generally be removed; but, if they still continue after the fever has been moderated, and the bowels opened, a tea-spoonful of Paregoric, or twenty drops of Laudanum, or fifty drops of Anodyne Cordial, given, and repeated if necessary, in two hours—assisted by rest and quiet, will seldom fail in suppressing them. After a spell of false pains, she ought always to be prepared, as she may be suddenly taken in labor.

78. PREMONITORY SIGNS OF LABOR.—Some days before the time, a woman begins to feel the symptoms of her approaching labor, she moves with difficulty, and frequently complains of restlessness and pain in her back and loins. As the period approaches, her belly subsides, and mostly in the most favorable cases she is liable to strangury, or suppression, but more frequently, to an incontinence of urine. Sometimes a diarrhea comes on, but generally, she is rather costive—she perceives some enlargement, relaxation, and

a degree of protrusion, of the external parts; and frequently, a glairy mucus tinged with blood, is discharged from the vagina; but, this latter symptom, more frequently comes on after labor has actually begun.

79. The anxiety, restlessness, and uneasiness of this period, prompt many women to wish it over; and some, are so imprudent, as to attempt to shorten it by rough exercise, with a view to bring on their labor. But, no conduct can be more faulty, or absurd; at any rate, they increase the present uneasiness, and should they succeed in their attempts, to precipitate their labor, before nature is properly prepared for it, they will unquestionably render it more tedious, more painful, and more difficult. On the contrary, let them, according to the indications of nature, and in imitation of all other animals, give themselves more rest than usual, attend carefully to the state of their bowels, keep them freely open, by the means advised, (see 42.) And, if she be of a strong, and full habit, flushed and heated, it will be proper to lose a little blood.

80. The womb first begins to contract at the upper part, and hence, that subsidence of the belly, which denotes the approach of labor, and proves, not only, that the womb has begun to

act, but, that it is prepared to act in a favorable manner. In like manner, the discharge of mucus, and the relaxation and distension of the external parts, show, that they are prepared to dilate. The strangury, is owing to the pressure of the child's head upon the neck of the bladder; the incontinence of the urine, to the same pressure upon the body of the bladder, and hence, both are favorable symptoms, and indicate a natural presentation of the child. The incontinence is attended with no pain, and admits of no remedy until the cause be removed by delivery; but the strangury is always painful, and may, by *neglect* become *dangerous*. The woman is, therefore, to be directed, frequently to attempt the discharge of her urine—to try in various postures, in aid to those remedies proposed, (see 46)—and if she fail, and the suppression become complete, she must be relieved by the catheter; because, by delay, the difficulty will be increased, the pain and distension of the bladder will interfere with the labor, and by over distension, the bladder may lose the power of contraction, or even burst.

81. Among the premonitory signs of labor, is a diarrhea, which, if moderate is always favorable and should not be interfered with; if profuse, a few drops of Laudanum, will generally check

it; but it should not be attempted to restrain it by the exhibition of Brandy, or other stimulants, such as, Ginger, Pepper, &c. Costiveness is not only distressing for the present, by increasing heat, restlessness, and pain; but may become very inconvenient during labor. If, therefore, a pregnant woman, has neglected to pay attention to this circumstance before, she must now take care to remove it, by mild laxatives, or rather by repeated injections, which is the best mode at this late period, when all active medicines are improper.

82. FIRST STAGE OF LABOR.—If we shall conclude, that the pains are those of labor, (see 76,) we permit them to proceed in their own natural order, and carefully attending, so that if any deviation from the natural course take place, assistance may be provided. The first stage of natural labor, which is occupied in opening and dilating the internal orifice of the womb, frequently commences with slight shivering, and sometimes with no inconsiderable rigor; which, when connected with regular pains is rather a favorable symptom, but if succeeded by fever, is unfavorable. But most commonly, labor begins with pain in the back and loins, stretching from thence, across the abdomen to the pubes or fore part of the belly, and ending at the upper part of

the thighs. It soon leaves the woman free, and returns again periodically, at longer or shorter intervals. These pains, at first, are slight, and return at long intervals; but soon the intervals grow shorter, and the pains become exceedingly sharp and cutting, and, at the same time, the mucus discharge from the vagina, is generally discolored by some blood; after which, the very sharp and cutting sensation commonly abates, and although, on the whole, the pains grow stronger, return at shorter intervals, and the pressing down increases, they become less distressing, and are borne with less impatience.

83. If an examination be made at this period, (which should be very seldom, and always with the greatest caution, for fear of breaking the membranes,) this variety of the severity and sharpness of the pains, will be found connected with the situation, and to depend on the state of the mouth of the womb. At first, it is found far back, and high up, with edges more thick and rigid, and the opening small, and hardly perceptible; as the pains continue, the internal orifice descends, and comes forward in the vagina, the edges become thin and soft, the opening enlarges, and after some time, will admit the finger—a small bag is then felt within, which, during the pain, tightens, and is distended, but,

as the pain remits, becomes loose and flaccid.—As the internal orifice enlarges, this bag passes through, and assists in dilating it, until the thick edges of the orifice being entirely obliterated, the membranous bag no longer supported by them gives way, and the waters are discharged. Sickness and vomiting, are frequent and salutary symptoms of this stage of labor, the nausea contributes to the entire relaxation of the whole system, and the retching adds somewhat to the dilating effects of the pains.

84. The duration of this first stage of labor, is very different in different women, and in the same women at different labors—but, in general, it requires more time with the first child, than with those which follow—and in well formed women, it commonly takes up more time than any other stage of labor. If the membranes burst early, before the labor begins, or very soon after, then, the mouth of the womb, requiring to be dilated by the child's head, the pains in the back are more grinding, and the dilation, in all respects, more tedious and more painful, but still, requires only more time, patience, and caution. And, if the neck of the womb, descends very low, before the mouth begins to dilate, as it sometimes does, it likewise tends to protract this stage of labor.—There is, in this respect, so great a variety, that

It is vain to attempt to assign any time to the duration of natural labor, or of any of its stages, some are delivered in a few moments after they are seized with labor—some in a few hours, and others will require days.

85. It will be particularly observed, and carefully borne in mind; that in this stage, no skill or art of the midwife, no exertion of the woman, can in the least contribute, either to lessen the severity of the pains, or shorten their duration. They are intended by nature, to accomplish a necessary and important object, that is, the complete dilation of the internal orifice of the womb, which from a rigid ring, of some considerable thickness, and generally, close shut, is to be softened, relaxed, and worn away, until it is entirely obliterated, and so astonishingly enlarged, as to permit the child to pass through.—Hence, we learn the reason why more time and pains are required, to open the orifice of the womb to the breadth of a crown, than, to obtain all the rest of the dilation, necessary for delivery; a fact, which midwives, and such others as may be called to give assistance, should constantly recollect, when forming an opinion on the probable duration of labor; that on the one hand, they may not fatigue their patient, by occasioning unnecessary efforts in the beginning of labor,

nor expose her to the least hazard of being delivered alone, towards the conclusion. Hence, too, we see the cause of the pains being more severe, cutting and grinding, at the beginning, than towards the end of the first stage. Whilst the lips of the mouth of the womb are thick and rigid, they make great resistance, and are in some measure torn assunder by the expulsive action of the womb; but they continually grow thinner, and more and more relaxed and softened, make less resistance, and become more easily distended.

86. But, although we can during this stage, neither lessen the woman's pain, nor shorten its duration; and, although we are forbid interfering in any manner with the progress of natural labor, yet the presence of a midwife or such other woman as may be selected to officiate, is far from being useless, but is very necessary. They should inquire into the state of the patient's bowels, and, unless they be in a laxative state, administer an injection; indeed, whenever there is time for it, it is a good rule always to do this, as by its emollient, as well as evacuating effects, the injection has in all respects a tendency to promote and render labor easy, and is particularly useful in the case of a first child. She must likewise pay attention to the evacuation of the urine—direct her patient to discharge it frequently, and if

she fail in one posture to try another; sitting over warm water, or lying on either side, on her back with the hips raised; on her knees with the head low. Should all these efforts fail, the midwife should, while the patient is lying on her back her head and shoulders lower than the hips, and during the remission of pain, introduce a finger under the pubes, and endeavor to raise the child's head a little from its pressure on the neck of the bladder; and while so raised let the patient make effort to void urine; and if notwithstanding these efforts, a total suppression should take place, she must be relieved early in labor by the catheter. For, as labor advances, the difficulty of discharging the urine will increase—the pain of the distended bladder may become so great, as to intercept and suspend those of labor—and the bladder being over distended, may lose its power of contracting ever after; and may inflame, and bring on fever, convulsions, mortification and death. Such are the evils which may follow NEGLECT—but which can very generally be avoided by proper care. But, we would here remark, that the above suppression must not be mistaken and confounded with that suppression, which takes place towards the conclusion of the labor, when the child shall have descended low down, the pains being forcing with considerable effort,

and there is reason to hope that the labor will soon be completed—this latter suppression will soon be relieved by delivery. We have made this observation to save unnecessary alarm, because there always will be a suppression towards the conclusion, but in which there is no cause for alarm, provided delivery is not too long delayed.

87. After such attentions as before mentioned, the labor is to be suffered to go on without any interference—the pains continuing, gradually to open the internal orifice of the womb, and force the membranes through it, in the form of a purse, which, acting as a soft wedge, contributes in the easiest way to its further dilation. Of this, the midwife may now and then assure herself by examination, taking special care not to fret and irritate the parts by too frequent repetition, and always with the greatest gentleness and caution. Although the finger be introduced on the accession of a pain, no accurate examination must be made until it remits, lest the membranes should be burst, and the waters let out before the internal orifice be fully dilated, which accident always protracts labor, and renders it more painful and more difficult. Another argument against frequent and unnecessary examination, is, that it has a tendency to remove the natural mucus al-

ready secreted, and to inflame the tender lining of the parts, so as to check the further secretion of this salutary discharge, which is intended by nature to lubricate and soften all the parts to be distended in the course of labor.

88. But if it be necessary to be thus cautious in respect of a careful and occasional examination, what terms shall we use to condemn, as it deserves, the abominable practice of boring, scooping, and stretching the soft parts of the mother, under the preposterous idea of making room for the child to pass? It is impossible to censure this idle, indecent, and dangerous practice too severely; it is always wrong, nor can there be any one period in any labor, the most easy and natural, the most tedious and difficult, the most regular or preternatural, in which it can be of the least use, and in which it will not unavoidably do great mischief. It will render an easy labor, painful; that which would be short, tedious; and also render highly dangerous, one, which, if left to nature, would terminate happily, and particularly, it will endanger the rupture of the perineum, by rendering it dry, rigid, and inflamed, instead of leaving it soft, moist and dilatable.

89. We are the more solicitous to express

ourselves fully and clearly upon the subject, because we know the practice we are condemning to be very common; and that we have to combat the prejudices, not only of midwives, but also a large portion of their patients upon this subject; and that although the reasoning and authority of medical writers may convince the judgment of a candid, intelligent, and unprejudiced woman, she will not always be suffered to exercise it, unless she has some firmness and self-possession to resist the solicitations and importunities of the patient, and her mistaken friends. She will not only be importuned on some occasion of a little delay, but she will be reproached with permitting the patient to suffer without assistance, and often be threatened with the application to others, and the loss of her reputation; still however, if she value the patient's safety, and the approbation of her own mind, she must be firm, and the event will justify her conduct, and establish her character.

90. Leaving, therefore, nature to her own unassisted and undisturbed efforts, the midwife is to encourage her patient, by appearing perfectly calm and easy herself, without hurry or assumed importance—by assuring her, that as far as can now be discovered, all matters are natural; by encouraging cheerful conversation with those

around, permitting her to walk about the chamber, or from room to room, to sit or lie down, as she finds most agreeable, and if she can, to sleep between the pains—but, although inclined to it, she should not lie constant, until the mouth of the womb shall be completely dilated. The midwife should excite the hopes and confidence of the patient, by manifesting her own ease and firm belief in the natural progress and happy termination of the labor ; hope and confidence will very much tend to give regularity and strength to the pains, whilst on the contrary, fear and despondency will tend to disturb and protract the labor.

91. At a proper season, the partaking of a meal, which during labor, should always be light and sparing, may serve to while away an hour ; and every other occasion of this nature should be embraced to lessen impatience, and protract expectation. Indeed, to gain time during this painful and irritable period, is an acquisition of no inconsiderable moment, for a certain time is necessary for nature to bring about the changes, which are now accomplishing.

92. Hence, too, we learn the great impropriety of directing the patient at this period, to assist her pains, as it is called, by holding her

breath, and exerting her strength; by forcing, straining, and bearing down—which inevitably will exhaust and waste her strength, now in the beginning of labor, which may be necessary for her support at the conclusion. Young women, with their first labor, are most apt, from impatience, to be guilty of this error, by which they necessarily overheat themselves, and may bring on a fever; it may likewise occasion a premature bursting of the membranes, an accident too apt to happen without any such efforts, when labor begins with very strong pains; and which will inevitably protract it.

93. Another practice, still more dangerous, is that of giving strong aromatic teas, cordial, and spirituous liquors, with a view to strengthen the pains; but which can only increase the resistance to their proper effect, by heating the patient, bringing on fever, and checking the natural secretions; on the contrary, let the patient's food, if she take any, consist of cooling fruits, thin gruel, and weak broths; and her drink, lemonade, apple water, weak tea, or what is still better, fresh water. In summer, let her chamber be kept cool by open doors and windows: and in winter, only comfortable by moderate fires.

94. The patient should be strongly impressed with the fact, that the best state of mind she can be in at the time of labor, is that of submission to the necessities of her situation; that those who are most patient, actually suffer the least—that, if they are resigned to their pains, it is impossible for them to do wrong—and that attention is far more frequently required to prevent hurry, than to forward a labor. In every thing which relates to the act of parturition, Nature, not disturbed by disease, and unmolested by interruption, is fully competent to accomplish her own purpose; she may be truly said to abhor and disdain assistance. Instead, therefore, of despairing, and thinking they are abandoned in the hour of their distress, all women should believe, and find comfort in the reflection, that they are at those times under the peculiar care of Providence—and that their safety in child-birth, is ensured by more numerous and powerful resources, than under any other circumstances, though to appearance less dangerous.

95. It may be well enough, in this place, to offer a few remarks, relative to the conduct proper for those, whose sympathy for the sufferer, and desire to be of service, have lead them to be present. The practice of gathering many attend-

ants, is certainly very improper, and is one from which serious inconvenience has resulted; yet, the presence of a few elderly women is of very great service. If their attendance is requested, it becomes them to consider for what purpose—most assuredly, to assist in an important business, in which the welfare of one of their sex is at stake; and not by indulging in idle gossip, and magnified reports and misrepresentations of unfortunate cases, and perhaps such as never occurred, to overwhelm the parturient women in gloom, fear, and despondency,—nor by impertinent questions, and officious offering of advice to the midwife, to confuse and confound her, who, in consequence of the serious responsibility resting upon her, is perhaps already perplexed, and ought in justice, to be left to the calm exercise of her own judgment. All questioning and unnecessary inquiry, all smothered and mysterious conversations, should be carefully abstained from, as highly injurious, and of pernicious tendency. It should, therefore, be borne in mind by all, what has been said in the preceding paragraph, and from thence, they should take courage, be cheerful, and have in view, the sole benefit of her, for whose good they have been called—repress all selfish curiosity and gratification, and by pleasant conversation, divert her mind, as

much as possible, from herself;—on the other hand, all levity of conduct, and unfeeling mirth, should be as strictly guarded against, as having an equally injurious tendency. Whilst, we feel fully convinced, that many of those for whose perusal these observations are intended, blinded by vanity, presumption and ignorance, and wedded to their own prejudices, will read them without being benefited in the least, we still hope that many, possessing benevolence of heart, and having tender and humane feeling for their sex, will profit; and the consequence will be comfort to some on this trying and interesting occasion.

96. In this manner—the first stage of labor is to be passed now and then, cautiously examining its progress; in doing which, when the internal orifice is sufficiently open to admit the finger, the head of the child, may frequently be felt and distinguished by its regular shape, smoothness, and hardness, through the lax membranes; and may be made another source of consolation and encouragement to the patient, by assuring her of it. But, we must be cautious how we predict a speedy termination of the labor—for many circumstances which we cannot now discover, may concur to deceive us, and nothing will tend more to render the patient anxious, and

rob us of her confidence, than disappointment in this respect.

97. About this time, the patient's bed and dress should be arranged. A flannel petticoat, and short-gown, with the shift turned up over the hips, so as to preserve it dry, but any dress will do, if it be not too cumbersome, and the under side of which, can be doubled up under her hips as she lies on the bed. On the middle of the bed lay a quilt or blanket, four double; over this, the sheet, doubled back toward the head of the bed. Near the foot of the bed, on that place where the patient will lie on her left side when she is being delivered, put down upon the under bed a folded sheet with one end hanging over, so that the midwife may take the edge of it, on her lap; over this latter sheet, a blanket or quilt doubled and redoubled, but not hanging over. This arrangement, will be found very convenient during labor, and by means of which the patient after she has been delivered, may be made dry and comfortable with very little fatigue—it being a matter of very considerable importance, to have the woman put to bed dry. If another bed is intended for her lying-in, it should be prepared as was first above directed, but without the sheet being reflected upward, and after delivery, she is

to be lifted from one to the other, without being suffered to rise up.

98. **SECOND STAGE OF LABOR.**—This stage of labor, commences with a full and complete dilatation of the internal orifice of the womb, and is ended when the child's head has sunk through the brim of the pelvis, so low as to begin to rest upon, and distend the soft parts of the mother.—These circumstances can be certainly known, only by examination; but there is likewise, a remarkable change in the patient's manner of expressing them. An experienced midwife will form no inaccurate judgment of the progress of the labor, merely by observing her patient's manner, and hearing her cries. Whilst the internal orifice of the womb is opening, the pains are cutting, sharp, and grinding—the patient is restless, bears them with impatience, and expresses her sense of them by sharp and shrill cries—but when this is accomplished, or nearly so, the pains become more supportable, and the patient finds herself instinctively called upon to make some voluntary exertion—she lies quiet, holds her breath, and expresses her sense of pain in a grave tone of voice, or frequently bears them in silence.

99. We have said that about the commencement of this stage of labor, the membranes fre-

quently break, and the water is discharged.—This in well-formed women, especially such as have borne several children, is generally a period of some little alarm; as, when the child is small, the head falls almost by its own gravity through the pelvis, and delivery succeeds immediately—for this circumstance the midwife should always be prepared; and for some time at least, the patient should be laid on her bed, that at all events, the necessary assistance may be afforded, and that no accident may happen from hurry, confusion, or mismangement. But, more frequently this stage of labor takes up a longer time—and, although, in a perfectly well-formed woman and a small child, it may end in a few minutes after the perfect dilatation of the internal orifice,—in others, it may require many hours.

100. The shorter or longer duration of this stage of labor, depends on the proportion which exists between the size of the child's head, and the openings of the pelvis; or upon some irregularity in its shape, or some awkwardness in the presentation of the head—circumstances, which nature, when left to herself, most frequently will vary, so as wonderfully to adapt one to the other in every stage and progress of the labor. The imperfect ossification of the bones in the human

foetus, and the loose manner in which they are connected by membranes, is the provision which nature has made for overcoming these difficulties; where the head is large, and the pelvis narrow, the bones ride over one another as the head is forced through the brim, and the shape becomes more oval and pointed, entering the brim of the pelvis, with one ear towards the sacrum, or lowest portion of the back-bone, and the other toward the pubes—that is, with the narrowest part of the head, to the narrowest part of the pelvis, it turns as it descends, where it finds most room, until the face is brought into the hollow of the sacrum, and the vertex, or smallest and most pointed part of the head, to the external orifice. In like manner, most untoward presentations will be changed, when time is allowed, and no mismanagement occurs; so that, ultimately, the delivery shall be accomplished by the least possible violence, and with more ease and less hazzard to the mother or child, and most probably, in a shorter time than could be effected by any interference of ours, with safety to either.

101. The principle object, therefore, of our care, in this stage of labor, especially when it proves tedious, is, to regulate our patient's conduct, to soothe her sufferings, to calm her fears,

and above all things, to avoid fatigue. Although therefore, the woman feels some disposition to voluntary efforts she is not to be encouraged to exert herself during her pains, more than she can well avoid—her utmost exertion can add little to the contractile force of the womb, and only tends to fatigue and weaken her.

102. The bursting of the membranes, likewise is a circumstance of great uncertainty: it most frequently happens at the end of the first stage, or during the second stage; but it sometimes occurs with the first pain, sometimes many days, or even weeks before the commencement of labor—at other times, after having, in the form of a distended sack, contributed to dilate the internal orifice of the womb, they continue in the same manner to dilate the vagina, the perineum and external orifice; and now and then are expelled entire, covering the child's head with the placenta and water; but this is a circumstance by no means to be wished, and ought not to be permitted, as it may be followed by a dangerous flooding, or by an inversion of the womb. Whenever, therefore, the bag appears at the external orifice, it ought to be ruptured, and the water let out, which is now easily done, by keeping the finger tense against them, or by placing the end of the finger firmly

on the presenting part of the child covered by the membranes, in the absence of the pain, and keeping it in contact during the succeeding pain, which will seldom fail to rupture the membranes; for that point on which the finger is kept, will have to bear the whole of the pressure of the water urged upon it by the effort of the womb. During this stage of labor, women are less inclined to move than during the first stage; still they are not to be confined to one posture, but indulged, and permitted to rise from the bed, to walk about, and endure some pains by leaning over the back of a chair, supported by their friends, or kneeling at the side of the bed.

103. This is a period, when the impatience and apprehensions of the patient are frequently much excited, the pains return at short intervals, and are strong and bearing, she longs and hopes, and strives for a speedy termination, and it requires much prudence and no little management to check her impatience, at the same time that we support her hopes. She may be assured of her safety, but must be informed, that much of that, will depend upon her proper conduct, and longer time; and above all things, the midwife must not appear too busy, in any apparent or real efforts to shorten it.

104. **THIRD STAGE OF LABOR.**—This begins at the time when the head of the child, having sunk through the pelvis, begins to rest on, and distend the soft parts of the mother, at which time the vertex presents at the external orifice, and the forehead and face occupy the hollow of the sacrum, and continues, until the perineum being stretched and distended into the form of a large protuberant tumor, the external orifice, is so far dilated, as to suffer the head and body of the child to pass through without injury. The pains during this period, whilst the perineum and soft parts are undergoing so great distention, become more severe, and at last, when the child's head is passing the external orifice, are most exquisite. But they always are least, when the labor has been suffered to go on from the first with little or no interference, and much more excruciating and dangerous, when these tender parts have been fretted and inflamed by improper conduct at the beginning.

105. The part which is most apt to suffer during this period, is the perineum, which extends from the anus to the external orifice, which from the extent of one inch, or an inch and a half, and thickness of the hand, is stretched to that of four or five inches, and reduced to the thinness of paper, so that in the most natural and well-

conducted labor, it will sometimes give way, at this extremely thin edge. The perineum and adjoining parts are relaxed, and prepared for so great a change by the secretion of a large quantity of mucus, by which the parts are softened, and a disposition to yield and stretch, is given to them, at the same time that they are lubricated by it, so as to suffer the child to slide through them; and whenever there happens to be a deficiency of this mucus, or when, by improper handling, it has been rubbed off, and its secretion checked, or when a violent and sudden labor does not allow sufficient time for this secretion to take place and give to these parts a proper disposition to dilate, the perineum is apt to be torn, always an unfortunate accident, and one which, if extensive, subjects the woman to great misery and inconvenience during the rest of her life.

106. To prevent this accident, is the principle business of the midwife in a natural labor, and to which her attention should be directed, from the very commencement of labor, to the complete delivery of her patient. With this in view, she has been directed to avoid irritating these extremely tender parts, by too frequent and unnecessary examination, or rude and preposterous attempts to stretch and extend them, as well as to avoid heating her patient by im-

proper diet, cordials, and spiritous liquors, by the use of which, fever is brought on, the parts become rigid, and are easily torn.

107. From the commencement of this stage of labor, a woman becomes less inclined and less able to move, and the delivery may be expected to be accomplished in a short time. She is therefore, now, or rather before, if she was not there already, to be laid on her bed in a proper posture for delivery; that is, on the folded blanket or quilt, at the foot of the bed, on her left side, her clothes being turned up under her, with her hips brought to the edge of the bed, and her knees moderately drawn up, with a pillow between them, and her feet supported against the bed post, or against some person sitting on the bed, taking care not to draw her thighs too much up toward the belly, nor to separate the knees very wide; both of which put the perineum on the stretch, and increase the danger of its being torn.

108. The bed, being in all respects prepared, and the woman laid on it as directed, the midwife is to sit herself behind on a low chair, taking the end of the folded sheet, which had been laid across the bed, on her knees; she will then find herself most conveniently placed to afford every assistance. Still, however, she has noth-

ing to do, and it may require some time before she will perceive the perineum sufficiently distended, and the external orifice so far dilated, so that the crown of the child's head shall begin, during each pain to protrude. She is then to take into her left hand, a soft linen or cotton cloth, which being several times folded, and placing it over the tumor, with her fingers extended toward the back, and the palm over the perineum, reaching to the external orifice, make a gentle pressure on the tumor during each pain, so as in some measure to retard the sudden advance of the child's head, or rather, to be ready to retard it, when a violent pain shall threaten too sudden a delivery; for, let it again be recollected, that in a slow labor, well managed from the beginning, where the soft parts are properly prepared to yield, the perineum never is torn, and that all the danger of this unfortunate accident, arises from a sudden and violent labor, or one that has been mismanaged in the beginning, or the patient throwing herself beyond the reach and support of the midwife.

109. It is seldom necessary to make any considerable resistance; but as the child's head passes through the external orifice, it is always proper, whilst the left hand is kept in the position just now described, to place the fingers and

thumb of the right hand collected together, upon the protruding part of the child's head; in this position, the midwife has it in her power to make such resistance with her right hand, as the rapidity with which it advances may require; and to make it on the head, rather than on the perineum, the dilatation of which by too great pressure may be prevented, and the perineum itself bruised. Experience alone can teach the degree of resistance required, and until the midwife has acquired this experience, she must exercise her judgment, and be cautious not to make more than is necessary, for by too much, mischief may also be done, and where the labor has been well conducted from the beginning much is seldom required.

110. The direction in which the pressure on the perineum is made, is likewise of some consequence; it must not be directed upward and backward, but it must be directed upward and forward, toward the pubes; by which, as the vertex advances under the arch of that bone, the nape of the child's neck will be pressed up against it, and immediately relieve the perineum. When it is perceived toward the last, that from early mismanagement, or from any other cause, these parts are not properly prepared to dilate, and there is a dryness and rigidity about them,

we are directed to annoint the parts with hog's lard, or sweet oil, once or twice, and over that, to apply a soft flannel wrung out of warm water; this, we have reason to believe, is of advantage as it promotes the secretion of the mucus, and otherwise relaxes the parts.

111. The sufferings of the patient, at this moment are at the highest, extremely severe, and sometimes almost beyond endurance—and, in hopes of shortening their continuance, she is often inclined, and too frequently called on, to exert her utmost strength. Still, however, her present safety, and future comfort, may very much depend upon submission, patience, and gaining a little more time—and all extraordinary exertion, beyond, what she is in some measure, compelled to make, is hazardous. Therefore, do not discourage her crying out, but encourage her to speak, by asking her questions, which will check the bearing down efforts, and gain a little more time, which may be necessary, not only to the safety of the perineum, but to the preservation of her life.

112. We have said (107) that the patient should be laid in a proper posture for delivery; there is some difference of opinion as to what is the most proper posture. We have not often in compiling this work, stopped to argue contested points, but have candidly and honestly giv-

en our opinion as to what means and treatment we consider best, and shall continue to do so without giving special reasons, leaving it to those interested, either, to follow our advice, or choose their own course, at their own option and risk. But, we would observe, that the principles and practice we have advanced, are those approved of by many eminent medical writers, and by us repeatedly tried, and found on experience to be those of safety and utility. And in regard to the posture for delivery, that before advised, (in 107) we confidently pronounce to be the best and safest that can be chosen; the next best is,—that the bed being prepared in the same manner as before directed, she must then be laid on it, on her back, her head and shoulders raised up to a half sitting position, with her clothes tucked up under her, with her knees drawn up, her heels against the bed-rail, and between her heels and the rail, the blankets, or quilt and sheet, taking care from time to time that she sink not too much into the bed. The midwife, when delivery shall approach, taking a soft cloth several times doubled, on her open left hand, and desiring the patient to raise her hips from off the bed, resting on her heels and shoulders, then to put her hand with the cloth on it, under the patient's breech

so as to cover the tumor in the perineum, and thence to support it, and by making pressure upward and forward with the right-hand fingers and thumb, to retard in some degree, the exit of the child. And, we would, moreover observe, that these two postures for delivery, here advocated, are the only ones, which we consider safe. We know that our opinions on this subject, will meet with much opposition, but as we speak from the best instruction, as well as from long experience, we feel perfectly secure in expressing them.

113. Just before the birth, the head is often found to advance during the pains, and to retire again as they remit—and this alternate advancing and retiring, is frequently of much consequence to the perineum; by the strength and elasticity of which it is generally occasioned, and which, after some little time, will thereby become perfectly relaxed, and easily distended.—If, however, it should lodge upon the chin of the child, by introducing a finger within, during a remission of the pains, it may easily be slipped over it, and the next pain the head will generally be delivered—but this must not be attempted whilst the perineum is tense, nor during a pain, but, only, when it is relaxed and easily distended.

As the head emerges, from the external orifice, it should be received by the midwife, on the extended fingers and palm of the hand, stretching the fingers round, so as to examine whether the mouth and nose be covered by any of the membranes, or any part of the clothing by which its breathing might be obstructed; still keeping the left hand in contact with the perineum, and under the child's chin.

114. After the delivery of the head, a short respite ensues; but the pains soon returning, the shoulders of the child are perceived as they descend to make the same turns as the head had done before—and after a pain or two, they are delivered the one toward the abdomen and the other toward the back of the mother; while they are passing the external orifice, the same attention is to be paid to the perineum which the passage of the head rendered necessary; as the distension is rather greater, and the danger of laceration not diminished, which, in fact, has frequently taken place at this period, through neglect of the midwife, induced by the supposition that the danger was all over as soon as the head was delivered. The next pain advances it to the hips, so that the arms of the child are delivered with little or no assistance. Another short respite again takes place, whilst the hips of the

child advance, of which one or two pains effect the delivery, and the birth of the child is accomplished. While it is being thus accomplished, the right hand should give it a direction, a little forward, according to the natural out-let of the passage.

115. Upon this slow, gradual, and successive delivery of the different parts of the child, and the contractions of the womb, which severally take place after the delivery of the head, the shoulders and hips, depend, in a great measure the safe and easy delivery of the after-birth, and the woman's security against flooding. In this way, time is allowed for the regular contractions of the womb, from the top, around the after-birth, pressing it down before it,---whereas, in a more sudden delivery, when the head, shoulders, and body of the child, are ejected by a single pain,—the womb may, and frequently does contract from its sides, protruding the child, but retaining the after-birth high up in the top.—The midwife should, therefore, never, as it is too frequently done, take hold of the child's head, and drag it forth: a most dangerous practice—generally the cause of severe after-pains, and frequently the cause of much worse consequences; as, a ruptured perineum, retained placenta, flooding,

inversion, or prolapsus of the womb; by which many women have *lost their lives*.

116. The extreme suffering of women, at the time of the child's emerging from the external orifice, will impel them to implore anxiously for relief; her friends also will call upon the midwife and expect her to assist in the delivery. (and not unfrequently medical aid is sent for at this stage, when it is utterly impossible for the physician to arrive before the case has terminated, unless he be very convenient;) but no entreaties, should cause the midwife to deviate from correct principles, and make her endeavor to hasten the expulsion of the head: after that event, there is not so much inducement. Should there, however, be a considerable interval betwixt the expulsion of the head, and the accession of new pains, she may press gently on the belly, or cause gentle pressure to be made by some assistant. Or, she may gently insinuate the finger into the arm pit, and slightly pull or shake and agitate the child, so as to excite the womb to contract—even this assistance is rarely required. But on no account is she to attempt the delivery by pulling the head.

117. The birth of the child is always followed by the discharge of what water had been re-

tained in the womb; frequently by some clots of blood, and generally by some fresh blood flowing from those parts of the womb, from which the after-birth has been wholly, or in part detached. This generally continues until the womb has so far contracted, as to press on, and confine the after-birth; and is the most important reason for suffering the body of the child to be gradually and slowly delivered by successive pains; by which means, when at last it is completely delivered, the womb is already so far contracted, as to secure the patient against a flooding; the most, if not the only dangerous circumstance attendant on a natural labor.

118. **FOURTH STAGE OF LABOR.**—After the child has been delivered, it should be laid in an easy posture on its side, a little inclined toward the back, and close to the mother; its head and body should be covered, with its face and mouth exposed to the air. The mother at this time is generally in great heat, and wet with perspiration; and in consequence of her exertions suddenly ceasing, and being much fatigued, she is extremely liable to suffer from a chill, very often followed by disease, which if not dangerous, will yet delay her recovery; some additional covering should, therefore, be carefully spread over her, without causing a current of air.—

The windows and doors should now be shut, if the weather be cool; and some dry clothes slipped under, should the part of the bed on which she is lying, be wet: whilst, however, these directions are executed by the nurse and other assistants, our attention should be directed to the child.

119. DUTIES RELATIVE TO THE CHILD.—Our first object relative to it, is to ascertain whether respiration be established. Should this be fully established, and the pulsation or beating in the cord have ceased, the midwife may at once separate it from the mother. This is done by applying two ligatures, one about two inches from the umbilicus of the child, the other about one inch further and cut between them; this should not be done under the bed-clothes, but uncovered, that she may see distinctly what she is doing. The child should not be separated from the mother, until the pulsation in the cord has ceased. The best ligature is part of a skein of fine thread, a piece of bobbin, or narrow tape—it should be tied sufficiently tight to prevent the blood from escaping. But, if the child fail to cry, or breathe freely soon after delivery, our attention should be directed to ascertain the cause—and to the use of proper means for the induction of respiration. In determining the treat-

ment necessary to be pursued, the first thing to be ascertained, is, whether circulation is still going on in the cord; which is done by squeezing it between the thumb and fingers, to see whether it continues to beat or pulsate. In cases in which this is going on, we need in general apprehend no great danger, as long as it continues; some cold water or spirits should be dashed on the child's breast; if this does not succeed, the little finger, surrounded by a piece of fine rag, should be made use of, to remove any mucus that may have collected in the mouth or throat of the infant. If we have reason to infer that the impediment is situated in the wind-pipe, the hips and body of the child should be elevated higher than the head with the mouth downward, at the same time gently shaking, so as to assist the mucus in flowing out of the mouth. As soon as this takes place, the child generally cries lustily.—But, should the child be still-born, and the pulsation in the cord, have ceased, it should immediately be separated from the mother, as above directed, as no good can arise from suffering it to remain any longer in connection with her. In these cases, after having carefully removed any mucus that may have collected in the mouth or throat as formerly directed,—we should endeavour to imitate natural respiration, by placing

the mouth immediately in contact with that of the child, and forcibly breathing into it, whilst, at the same time, the nostrils are held, to prevent the air from passing through them. Should we be successful in forcing air into the chest, which will be known by the elevation of it, and should it not be immediately returned, gentle pressure must be made upon the thorax of the child, so as to cause its expulsion—occasionally elevating the hips and body to permit any mucus which may have collected in the throat or wind-pipe to flow out. In addition to this, warm application should be made, by applying heated clothes to the child, with gentle friction upon the chest. Should respiration not be immediately established by this method of proceeding, it should not be at once relinquished, for in many cases, perseverance in properly directed efforts will prove successful, after all hope is apparently lost.

120. After the child has been separated from the mother, according to the above directions, it should at once be delivered over to an assistant, who should proceed to wash it immediately, but if no such assistance be present, it may be wrapped up in a warm, soft cloth, for which flannel is preferable, leaving an opening, only sufficient to admit the air necessary for its breathing, and

laid on its side in a warm place, until the mother be safely put to bed.

121. **THE DELIVERY OF THE AFTER-BIRTH;** is as necessary and natural a part of the process of labor, as that of the child; it should, therefore, also be left to the efforts of nature, unless some deviation call for our interference. If the delivery has been properly conducted, the womb will have contracted successively, upon the body, hips and lower extremities of the child—so that by the time they are delivered, it will be only sufficient to contain the placenta; and the succeeding contractions not only contribute to separate it from the womb, but press it out into the passage and from thence it is delivered, and thus prevents any serious hemorrhage. Some blood is generally discharged from the womb after the birth of the child, and always after the delivery of the placenta. A small quantity, therefore, to the amount of even a pound, is no reason for alarm. A short interval, however, generally happens after the birth of the child, before the contractions of the womb are manifested by actual pains, which time is required in the care of the child.

122. If within the space of fifteen or twenty minutes active pains occur, no interference is ne-

cessary—the contractions of the womb will throw the placenta out of the passage, which is the very best security against either flooding or after-pains. But, if within that time, there be no contractile force exerted by the womb, the midwife should take the cord in the left hand, and pass a finger of the right hand up along the passage; if she can with the end of the finger, reach that part of the placenta to which the cord is attached, she may rest satisfied that all is safe; and that the womb has begun to contract and throw it off; but, if, on the contrary, she cannot reach the root of the string, the placenta is probably still attached to the womb. Under these circumstances, she should place her open hand upon the patient's belly, and if she find the womb soft and flaccid, resting on the lower side, or hanging a little over the pubes, she must take it in the hollow of her hand, and raise it towards the middle of the belly, press it moderately and rub the surface of the belly over gently, and change the patient's posture from side to back, or from back to side; she will then very probably soon perceive the womb to contract, by its assuming the form of a ball of considerable firmness. She may now again take the cord in her left hand, and putting it just so much on the stretch, as to prevent the placenta (which de-

scends a little during inspiration) from ascending again during expiration, still holding the end in her left hand, pass the fingers of the right hand as high as possible toward the root of the cord, give some quick, short, but gentle jerks, while at the same time, an assistant should make gentle pressure upon the belly with the open hand, by which the womb is frequently excited to make vigorous contractions. When the placenta shall have descended into the passage, and is somewhat protruding from the external parts, it is best then to leave it entirely to the expulsive efforts of the the womb. •

123. The defect in the expulsive efforts of the womb, is the most common cause of delay in the delivery of the placenta, and this inaction of the womb, is a very common consequence of fatigue after a severe or tedious labor, especially if mismanaged. But, this weakness, so far from being a reason for haste and precipitancy, is a most powerful argument for waiting, and making no attempts to separate and extract the placenta; a hasty delivery of which, before the womb has begun to contract with some degree of vigor will expose the patient to great danger of a flooding or inversion of the womb. Under such circumstances, therefore, our efforts must be directed to compose the patient's mind, and at-

tempt to excite the action of the womb as directed above.

124. The midwife must always be careful how she exerts any considerable force on the cord, which in some instances is small; in others, inserted by several branches into the placenta, and easily torn from it—at all times an inconvenience, and on some occasions a very serious accident. Or, if the string should be so strong as to endure much force, more terrible accidents may follow; the placenta may be torn from its attachment to the womb, of which a violent flooding will be the consequence, or the womb may be in part or wholly inverted, and actually brought out of the body, which has been the unhappy consequence of imprudent force applied to the cord. This terrible accident is most likely to happen after great fatigue when the woman has been much exhausted; no pains ensuing after the birth of the child, and the womb, instead of contracting, remains large and flaccid like a loose bag. Let it, therefore, be an invariable rule, never to tighten the cord, and put it on the stretch, until the womb can be felt under the hand applied to the woman's belly, contracted and reduced to a globe of considerable firmness. On the same principle, coughing, sneezing, or blowing into

the hands, and every such exertion of the woman, are likewise improper as they tend to cause flooding. Should the placenta, however, be retained, or flooding ensue, directions for the treatment of them will be found under those different heads when treating of difficulties and of preternatural labor. The placenta being delivered, carry the finger into the passage up along the membranes, which are continued from the edge of the placenta, and slowly and cautiously assist them in coming away; for if they are left, they cause after-pains, and in a few days a very offensive smell.

125. PUTTING TO BED.—The perineum and external orifice should be annointed with lard or sweet oil, and a soft cloth applied; remove the pillow from between the patient's knees, and lift her to the upper part of the bed, having previously brought down the reflected part of the sheet; while she is being lifted, let some assistant bring down her clothes which had been for security tucked up over her hips; if she has lain in a petticoat, it ought now to be removed, and the clothes from above supply its place.—When laid in her place she should be covered with bed-clothes, more or less, as she may be inclined to be chilly or otherwise. A towel four or five double, is then to be applied to the belly,

and over that, a broad bandage round the waist, is to be pinned so low, as to take in the bottom of the belly, and afford some support to its loose and relaxed sides, but not so tight as to give the least pain or uneasiness. The use of such a bandage is evident, but a twisted handkerchief, applied in the form of a cord, and drawn down tight as is frequently done, (to keep down the mother, as women express it,) is the very extreme of absurdity and must do harm, yet, when a broad bandage is skillfully applied, as here directed, it will be found very agreeable and comfortable by the woman, and has a manifest tendency to prevent and relieve that faintness, which is sometimes very alarming to women newly delivered. If it is intended that she shall lie in a different bed from that on which she has been delivered, she should be carried from the one to the other, and by no means let her rise to an erect posture. We would observe, that with regard to putting to bed, if the patient be much exhausted, and fainty, it had better not be attempted to move her for some hours, but only change her posture so as to extend her limbs, putting dry clothes under her; give her some nourishment until she is somewhat recruited.—For immediate nourishment we would advise as the best, a cup of generous coffee, with a free

quantity of cream, and as much sugar as may be agreeable, also chocolate, either with a few mouthfuls of bread and butter, or rusk; boiled milk with some old bread in it, yet, if the exhaustion be very great, a small portion of wine and water, or a tea-spoonful of brandy, with some fresh water may be allowed, or panada with the same quantity of wine or brandy in it; but unless the feebleness be very great, we would advise the abstinence from all and every intoxicating liquor, either distilled or fermented. Further observations in regard to meat and drink, will be found in the chapter on regimen during the month.

126. AFTER-PAINS.—Perfect quiet, silence, and sleep for some hours, are useful to every woman after delivery, to recover from fatigue, and to allow the womb to resume its natural position, and the woman ought, therefore, to be placed in a situation for composure. Very few women except with their first child, but who will be troubled with after-pains, harassing them, and disturbing that repose so necessary to their comfort. Those pains, however, do very much depend for their severity, upon the manner in which the after-birth has been delivered, yet it must be considered that they sometimes do follow the best conducted and most natural deliveries.

They come on soon after delivery, resembling in some manner those of labor returning in paroxysms, though with longer intervals between them, excluding, during their action whatever coagulated lumps of blood may remain in the cavity of the womb, if these are in a moderate degree, and not of very frequent recurrence. they demand no remediate efforts—but, more frequently, they are very excruciating, and therefore call for remedies. Among domestic remedies, we have seen a fomentation of hops to the abdomen to be of considerable service,—Camphorated Opiates, are, however, the surest means to be relied on: two tea-spoonfulls of Paregoric, or twenty drops of Laudanum, with thirty of Sp. Camphor, or thirty drops of Laudanum by itself, or two tea-spoonfulls of Anodyne Cordial: any of these, given in fresh water, and repeated in half doses for a few times at intervals of half an hour, will seldom fail to give relief. Some there will be, who cannot use Laudanum, for such. the common Camphorated julep is a very excellent remedy. It is made as follows—viz:

R. No. 27. Camphor, 1 dr.

Spr. Wine, 60 dps.

rub in a mortar until very fine, then add

Cam Arabic pow'd. 2 dr.

Loaf Sugar, 2 dr. and Water, 6 oz.

add the water gradually, rubbing it with a pestle until all is blended and mixed together. A table-spoonful of this mixture may be given for the first dose, and half that quantity every hour until the pains shall have abated. A horizontal position should be observed for a few days, and a temperate, cool Regimen is always necessary. Every indication of pain and soreness, should be early attended to; directions for which will be hereafter prescribed. If the woman should have no evacuation from her bowels, within twenty-four hours, one should be early procured by the use of Castor Oil, small doses of Epsom Salts, or Sedlitz Powders, or the Pills of R. No. 1, or No. 9. And, if within ten or twelve hours she passes no urine, she should be solicited to do so; and if necessary, be aided by fomentations of clothes wrung out of warm water, or a glyster with a little table salt dissolved in it. The following will be found very beneficial:

R. No. 28. Spr. Nitre, } 1-2 oz. each.
 Laudanum, }

a tea-spoonful of which, may be given every hour, until relief be obtained: but should these also fail after a fair trial, recourse must be had to the catheter. A neglect of this important evac-

uation in due time, always increases the difficulty, and may not only render the introduction of the catheter necessary, but give rise to inflammation and sloughing of the bladder; or other equally fatal consequences may supervene.—By such prudent and proper management, in at least a very large majority of cases, nature will be found perfectly equal to a safe delivery, and it will be accomplished with as little pain, and in as short a space of time, as is consistent with the woman's safety; and of the few cases which may not proceed with such uninterrupted regularity, the greater number will be brought to a happy issue, only by exercising a little more patience in the conduct of the labor. The mother having been put to bed, the attention of the midwife is next demanded by the child, if it has not before this been done by an assistant, she should now see to the washing and dressing of it.

127. WASHING THE CHILD.—Recently born children are frequently coated with a tenacious, unctuous substance, which is somewhat difficult to remove. It has been found by experience, that rubbing the child over with hog's lard, until it becomes completely incorporated and mixed with this substance, and then making use of dry flannel to remove it, is the most simple, ex-

peditious and perfect manner of getting rid of it. Afterwards, warm soap-suds may be used. It is well, if possible, to remove it at the first washing, as, if any of it remain, it is apt to excoriate and crack the skin by forming incrustations upon it. The process of ablution should be performed, so as not unnecessarily to expose the child to the influence of cold; if in the winter it should be done near the fire. It may also be well enough here, to insist upon the person having the charge of this office, to use as much despatch as is compatible with the proper execution of her duty; as it is to be feared, much injury is frequently done the child by too long exposure.—After washing, it should be carefully dried.—The highly injudicious and culpable practice which some nurses have, of using spirits, to bathe the body and head, especially the latter, should be strictly prohibited, as it tends to carry off the heat by evaporation. After having performed the necessary cleansing and washing of the child, the next thing to be attended to, is, dressing the navel. Formerly, even in some places yet, many ridiculous practices were performed in the execution of this office, some of which are injurious, and all useless. Nothing more is necessary, than after examining if it be properly secured, to pass the remainder of the cord through

a hole made in the centre of a peice of old linen or cotton rag, with the extremity of the cord towards the breast, fold the cloth over it so as to envelope it, and secure it by a bandage about two inches broad, pinned round the belly.

128. DRESSING THE CHILD.—As the only appropriate use of dress is to defend from the cold; nothing more is necessary than to clothe the infant in loose soft garments, and not of too great weight. We deem it of sufficient importance to insist on its clothes being put on loose, as every thing like lacing, or tight clothing, prevents the proper exercise of the respiratory organs, impedes the circulation,—and sometimes entails impaired health, and a bad shape for life. In summer one cotton cap is sufficient, but in winter, an under cap may be added, but neither of these must be secured by pins; soft tapes are preferable, for this and every other part of the dress. The rest of the child's clothing should consist of a short shift, and a wrapper of fine flannel, with a diaper to receive the feces and urine, and this to be removed and replaced by others as soon as soiled. All children cry when shifted and dressed, therefore the more short and simple the process can be, the better. Further observation as to dress diet and medicine, will be found in the chapter, on Regimen during

the month. Also be careful of pins, that the points be all external, as children have been injured by the pricking of them.

129. PURGING OF THE MECONIUM.—The intestines of all newly born infants, are loaded with a recrementitious matter, technically called the *meconium*. It has been found, that it conduces much to the health and comfort of the child to carry off this substance, and its retention has even been known to give rise to fatal diseases. But as dangerous as its presence may be, it should not lead to the administration of active and violent purges to remove it; for, there is no practice fraught with worse and more dangerous consequences than this. Two or three tea-spoonfulls of molasses and water should be administered, and repeated from time to time, should the first not prove sufficient: and this rarely fails, especially, when aided by the early secretion of the mother's milk, which in itself possesses a purgative quality. If this, however, should not prove sufficient to produce the desired effect, the child generally shows symptoms of being ill at ease; will become sleepy; frequently starting up; moan and cry loudly. As soon as we find this to be the case, and especially if the stools still possess a tenacious and greenish appearance, resort must be had,

to a tea-spoonful of Castor Oil, administered warm, and repeated in two hours, should the first not produce the necessary evacuations. A mild injection of warm milk and water, with some molasses dissolved in it, will also assist much. As just stated, we have seen the most injurious effects arise from over-purging children—the remedies made use of, should, therefore, not only be of the mildest possible nature, but, they must be used with a great degree of moderation; and, as soon as the evacuations assume their proper color and consistence, which might be compared to tolerably thick mustard, all purgative medicines should be immediately relinquished.

130. Such as we have described, is the progress of natural labor—and it should be carefully studied, and thoroughly understood by all such women, as have a desire to render themselves useful in the way of giving assistance to others of their sex. Any woman endowed with common understanding, may by a careful study of these remarks, easily qualify herself to give every necessary assistance in natural labor, and distinguish most of those of difficulty in time to have a physician sent for, and she will perceive how much well-intended ignorance, if not pre-

sumption, adds to the naturally entailed pains and miseries of her sex, in respect to child-bearing. We would again observe, and endeavor strongly to impress it upon all, that in a natural labor, the midwife or assistant has nothing to do but to calm the patient's fears, to fortify her with patience, to regulate her conduct, her diet, and her evacuations, to check all violent efforts, to prevent the accidents of premature and hasty delivery, to receive the child, tie the navel string and deliver the after-birth, in the cautious manner directed. There are, however, frequently, many circumstances, some of natural occurrence—some arising from erroneous conduct, which may greatly distress the patient; precipitate or delay labor. These will be described under the head of Preternatural Labor, and a suitable conduct on these occasions pointed out.

SECTION III.

PRETERNATURAL LABOR; its symptoms, causes and remedies.

131. All labors that are attended by a departure from the natural course described under the term of natural labor, we shall denominate preternatural. We are aware that the division is not exactly according to that of medical authors, but we think it will answer our purpose better than any other division. This class, will of course, include all difficult, as well as preternatural labors, strictly so called. We shall again divide these, into such as are rendered difficult from obstacles on the part of the mother; and such as are rendered so, by obstacles on the part of the child or after-birth.

132. Our limits and design will not permit us to enter very largely into this part of our subject, as it is not by us intended to make finished midwives; for this latter purpose there are alrea-

dy many excellent and extensive works extant, which can be procured and studied by those seeking to be fully instructed in midwifery. We only intend giving general instruction to all women, for the management of natural labors, and afford them the information for detecting such cases of difficulty, as require the aid of fully educated accoucheurs. We shall, however, offer rules of practice for the treatment of many cases of difficulties which we believe to be within the management of domestic practice, and where we know that the difficulty is beyond their reach and will require skill and scientific judgment, which is impossible for us to impart, without at the same time imparting a thorough medical education, we will direct them to be placed in the hands of educated accoucheurs, which we conscientiously believe to be our duty, and of far more utility, than to attempt that which we know to be impossible.

133. **DIFFICULT LABORS.**—Labors may be rendered tedious and difficult by any of these causes, depending upon the mother:

First child; very young women; and women somewhat advanced in life.

From too great rigidity of the parts.

Inflammatory condition of the system, or local inflammation.

Too great distention and consequent want of contraction.

Irregular contraction of the womb.

Premature Labor.

Exhaustion or weakness.

Nervous temperament, or Hysterical affections.

Contracted pelvis.

134. FIRST CHILD &c.—All women undoubtedly suffer more with a first child, and have a more tedious labor, than with subsequent children; and this is still more emphatically the case with those that are very young; in whom a full maturity of the organs of generation has not yet taken place, and who consequently are not so well prepared to go through the great change necessary for a successful and easy labor. as those who have arrived at that period when all the organs are developed and in a full state of perfection. The same difficulty also obtains, with those who have passed a considerable length of time the meridian of life, before having borne any children, they will have acquired a greater degree of firmness, and resistance to dilatation, than those of a less advanced age. Yet al-

though we admit as above stated, that women endure more pain, and have in general more protracted labor with the first than with subsequent children; we have been forced into the conclusion, that the difficulties are often times imaginary, and their suffering much magnified. And indeed, if we take into consideration the novelty of their situation; and the impression made upon their minds, in particular the timid, of the danger they will have to encounter, and the amount of pain they must endure; how prone the mind, dwelling upon the real and imaginary evils of their case, for weeks or months in anticipation, is to increase them far beyond their reality;—we can easily perceive, why, at the approach of pains and other symptoms of labor, women who have never experienced them will become frightened, their energies fail, and their resolution become faint; and they, make much more ado than their actual amount of suffering and misery warrant. And again, persons in this situation, dating the commencement of their labor from the first slight occurrence of pain, suppose their labors much more tedious and protracted than in reality they are. And it may be further remarked that women during their first pregnancy are much more liable than at others to false pains: and we

have not unfrequently been called, under the most pressing urgency for expedition, lest the person expire before we arrived, the cases being those of first child, and supposed to have been in labor for several days; when, after all, their real labor had not yet commenced, and after some soothing advice and simple remedies, they were composed, and we have had the satisfaction of seeing them after a refreshing sleep join us in a cheerful meal:—and after many hours waiting with seeming indifference and composure, have had the pleasure of finding their real labor commence and end, in the pleasing result of a living child, and happy mother.—All the advice we can give relative to these cases would be but a repetition of what was said when treating of natural labors; (77 &c.) to which we might add, that they will put the feelings of the midwife to the severest trials; but she should insist firmly upon the propriety of not putting her patient upon her labor, as it is called, too soon, but delay rather more in these than other cases. Let the patient sit up, lie or walk about as suits her inclination; attend, as before insisted on, to her different evacuations, and to the symptoms of fever, should any arise; and should any difficulties present themselves beyond the reach of her skill, and such as she

thinks would require the attention of a Physician; she should state the nature of the case which render his assistance necessary without creating any undue alarm.

135. **RIGIDITY OF THE PARTS.**—When the rigidity takes place in the mouth of the womb—on examining the presenting part, it will be found low down, but not so low as to make the perineum protuberant—the pains severe, frequent, and long-continued, but without a corresponding progress in the advancement of the child; during each pain the presenting part will be forcibly urged upon the mouth of the womb but which does not seem disposed to dilate, and feels like a thick, hard ring, about the finger, with the neck of the womb, pushed down and covering the presenting part—the hardness of the ring in some measure abates during the remission of the pains, but still it does not relax so as to be easily dilated by the finger. At other times the mouth of the womb will be found dilated, but the external parts remain rigid and unyielding; in that case the presenting part will advance considerably during each pain, and retire again as the pain remits.

136. In the treatment of these cases, time and rest must be obtained; the mind tranquilized

—blood drawn—the bowels opened—and on no account should the soft parts be disturbed, by ill-timed and officious handling, or ill-conceived manual effort at the mouth of the womb—and they almost invariably will overcome every difficulty presented by simple rigidity. It very frequently happens, however, that rigidity of the soft parts is complicated with more or less febrile excitement and local inflammation.

137. FROM INFLAMMATORY STATE OF THE SYSTEM; OR LOCAL INFLAMMATION.—In cases in which this state of the system or parts obtains, there is long continued pains without much effect, very excruciating during the paroxysm but without any bearing-down effort; and during the intermission which usually takes place between real labor pains, there is either a sharp, pungent, or a dull, heavy, burning sensation, which does not go off as labor-pains, properly so called, do—this continued pain is much increased by pressure being made over it; the pulse is generally full, hard and strong, but frequently small, cord-like, and beats quick—the skin is hot, and imparts a burning sensation to the hand, frequent chills running of the body—the mouth dry with considerable thirst—more than usual vomiting, which, however, does not have the effect of relieving the nausea—much pain in the head and giddi-

ness. If local inflammation accompany, it will show itself by corresponding heat and pain, in the part inflamed, and if an examination be made, it will be found, that during the pain, very little pressure is made upon the mouth of the womb, by no means corresponding to the amount of pain endured—the parts will be found hot and dry, so as to adhere to the finger, and appear swelled and painful. At whatever stage of labor, inflammatory action commence, it will very much, if not entirely suspend the progress of labor, and continue to do so, until the fever either wear itself out, or be removed by remediate means.—We have frequently been called on to officiate, when judging from the intensity of the pains and descent of the child, we might have expected it to be delivered in a few minutes, yet, although the pain and suffering were much increased, the progress of the labor had been entirely suspended, in consequence of the supervention of fever—and remained so for many hours, until the febrile excitement having been subdued by proper measures, it commenced anew, and the birth speedily and happily concluded.

138. Strange as it may seem, the very obstacles which we are considering which so frequently are the means of causing a protracted labor—and the existence of which we have so

much reason to deplore are in nine cases out of ten brought about by the very measures taken to ensure, as many suppose, a speedy delivery: such as the use of aromatic teas, stews, toddy and spirituous and stimulating compounds—too high temperature of the room, severe exercise and exertion: and above all by the practice which we have used the strongest language in our power to condemn, severe handling and stretching the parts. Recalling many unpleasant occurrences, and much pain and suffering, which we have seen arise in consequence of the above mismanagement—and believing that much could be done in domestic practice to remove the difficulties complained of, we have labored throughout our whole course laid down for the treatment of natural labor, to inculcate, and endeavored to show the necessity and importance of pursuing a different plan from the above. But, should this state of things unfortunately have taken place, and inflammatory excitement be present the patient should be placed, if possible, in a standing position, an assistant supporting the perineum when necessary, and blood be drawn from the arm from a large orifice—to the extent of producing a pretty considerable impression upon the pulse; or nearly to fainting; after bleeding, perfect rest must be enjoined. If

properly performed, one bleeding will usually be sufficient; but should the fever not abate in a few hours, and labor not become more efficient, the bleeding should be repeated. If the bowels have not been recently moved, an injection should be administered. Frequent doses of Soda Powders are very useful, should nausea and vomiting be present. Local inflammation should be attended to. If it be in the passage, which will be known by the symptoms mentioned in 137: (in addition to those general remedies heretofore directed to be used,) the parts should be gently anointed with clean fresh hog's lard, or sweet oil; and a soft flannel wrung out of warm water, or what is better, a handful of hops or cammomile steeped in hot water, and enveloped in a piece of fine muslin, applied to the external parts in the form of a poultice, to be renewed if necessary. If the inflammation be in the breast, it will be manifested by pain and cough; then after bleeding, some pectoral medicines to allay the cough, should be administered. Inflammation of the brain will be known, by the symptoms of convulsions.

CONVULSIONS,—at the commencement of labor or during its continuance, are among the most terrifying and dangerous occurrences in parturi-

tion. They seem in some measure to depend on the mouth of the womb; and most frequently occur, whilst it is on the stretch, and before it becomes perfectly relaxed. But, besides this, much depends on predisposition. Some women are liable, and have regularly fallen into convulsions at the commencement of successive labors; in others, they have been occasioned by a sudden alarm, or the communication of some distressing intelligence. On some occasions, and in women of delicacy of constitution, feeble frame, endowed with great sensibility, and timid, yet, irritable and passionate tempers; convulsions come on suddenly, from accidental circumstances of irritation, fright or alarm, in the latter month of pregnancy, or during the first stage of labor; without warning, or other precursory symptoms.

140. But more frequently, and in women of full plethoric habit, sanguine constitutions, and laborious occupations, particularly, if intemperate; they are preceeded by giddiness, a sense of fullness and weight, when the head is bent forward; imperfect vision, moats floating in the air, or flashes of light before the eyes; and are more immediately threatned by a sudden pain in the head, so violent and excruciating, as to make the

patient scream out; and frequently declare that she cannot possibly bear a repetition of it.

141. A due attention to these facts and circumstances, indicate the proper means of prevention. Whenever we have reason from former occurrence or present symptoms, to apprehend an attack in women of the first description; it should be anticipated by avoiding all occasional causes, and by the early and diligent use of proper remedies and regimen. The timid are to be encouraged, and the irritable warned of their danger; and a calm and steady temper to be promoted by every means in our power. Free evacuations from the bowels to be maintained, proportionate to the strength and circumstances of the patient, an abstemious diet enforced, constant moderate exercise in the open air, with temperate amusements advised. But when convulsions are threatened in the latter case, and as is commonly the case in women of full pulse and sanguine habit, from an affection of the brain; nothing can save them from an attack but the earliest attention, and most vigorous remedies, an abstemious diet, free purging, and copious bleeding, repeated again and again, until the threatening symptoms are subdued.

142. Particular attention should always be

paid to pain in the head during labor; more so, if that pain be in paroxisms, sharp and darting, alternating with pain in the uterine region, sometimes accompanied with cold feet and legs. In addition to the evacuations mentioned, the head should then be frequently sponged with cold water, or with ether, or camphorated spirit; but the two latter should be permitted freely to evaporate from the skin, and not be confined by covering. The feet and legs should be rubbed freely with a warm woollen cloth, or a brush, then enveloped in a warm blanket. The compiler has reason to think that he has been instrumental in averting convulsions by the combination of means here recommended, having had every reason to apprehend them. He has not during his 25 years of extensive practice, had one case of labor attended with convulsions, to which he had been called before convulsion had actually commenced: while he has during the same time been called to a number already in convulsions, in which however with a few exceptions, the treatment hereafter recommended, has been the means of rescuing the individuals from the grave.

143. In puerpural convulsions when the attack comes on, which often is soon after the precludes mentioned, have appeared: the muscles are most violently convulsed; the whole frame

shakes, and the face and eyes are twitched in every possible direction, with incredible quickness; the face becomes flushed, livid and black; the tongue is much agitated, and is very apt to be greatly injured by the teeth; foam issues out from the mouth tinged with blood from the wounded tongue, which the convulsive inspiration draws in with a hissing noise; or she snores deeply and cannot be roused. The first attack is sometimes fatal, ending in Apoplexy; but generally the patient recovers for awhile: soon, however, the fits are renewed, and if they are not averted by appropriate means, they recur with the regularity of the labor-pains, becoming more and more frequent as they continue; with increased stupor, mostly ending fatally.

144. Bleeding is unquestionably, perhaps universally the first, and the only to be relied on remedy; and it must ever be copious in proportion to the violence of the symptoms, and strength of the patient. When, therefore, those symptoms of convulsions appear as mentioned, to indicate affection of the brain; our advice is to send for a physician immediately. Yet, if he be at a distance, so that his presence cannot be obtained in an hour or two, particularly if the symptoms are urgent: then, as a small loss of time may make a large difference in her prospect of

recovery; we would advise to have the woman bled at the arm from a large orifice, at least one pint; but if the symptoms are violent, one quart ought to be taken. It should be borne in mind, that it is a desperate case, and requires effective remedies and those early applied. She ought to be laid with her head high, a cloth wrung out of cold water wrapped around it, and frequently renewed as it becomes warm; a purgative clyster ought to be administered, and if she can swallow, a full dose of Epsom Salts, or Senna Tea, should be given her: if no amendment, the bleeding should be repeated in about an hour, and the purgative and clyster also in due time, if no operation from them. A cataplasm of mustard should also be applied to the soles of the feet; the state of the bladder must be attended to: if the urine has been retained long, the catheter must be introduced to draw it off. Care should be taken to prevent her from throwing herself from the bed, which ought to be effected by the least possible violence, as a very moderate exertion will be sufficient. The convulsive effort of the limbs should not be opposed by strength, as is generally supposed to be necessary; it does harm, and ought not to be done: nor ought she to be roused by volatiles, as they are pernicious. A firm roll of linen or muslin,

about the size of a finger, should be held between the teeth, so as to prevent her from biting her tongue and lips. When the Physician arrives, he should be made acquainted with every thing that has been done; the blood drawn should be kept for his inspection; and the ease be left entirely to him.

145. When the fits are not violent, and the woman awakes out of them in her senses; and particularly, if the labor-pains resume their place, and the child be by them considerably advanced, bleeding need be neither so profuse nor repeated. If the convulsions have been by these remedies in part relieved, and the birth of the child has not followed their abatement; applying a blister on the back of the neck, daily laxative medicines, with low and abstemious diet, will have a tendency to prevent a recurrence of the fits. The same will also be useful, if the convulsion or any other affection of the brain continue after the delivery shall be completed. Under the vigorous use of the means here prescribed, many cases of puerpural convulsions, will end in a happy recovery.

146. TOO GREAT DISTENTION OF THE WOMB. This is a frequent cause of protracted labor, and is generally caused by a superabundance of

the waters, or a plurality of children; in which cases, the abdomen is more than usually large. The pains come on feebly, with long intervals between them, which dilate the mouth of the womb but slowly, and are long in forcing down the presenting part. The delay, however, is confined in most cases to the first stage of labor, and cause it to be protracted for several days. But after the uterine fibres have gathered sufficient force to rupture the membranes, the labor is concluded as usual, should nothing else interfere to prevent it. The mind, during the protracted stage of these labors, is apt to exaggerate every evil, and foresee many imaginary dangers: to become peevish and desponding; and cause the patient and her friends to press with injudicious impatience for assistance; which cannot be safely granted. Great care, forbearance and judgment, are here requisite on the part of the midwife; who, while she treats her patient with that gentleness, and compassionate encouragement, which humanity dictates, should persist steadily in the discharge of her duty; and be neither swayed by the fear and entreaties of the patient, nor by a selfish regard to the saving of her time.

147. A variety of means were at one time resorted to, in order to excite the womb to ac-

tion; or as it is termed, strengthening the pains : but it is doubtful, whether more harm has not resulted from their use, even among regular practitioners, than good. How much more injurious then, must their employment be in the hands of unskilled persons, who do not possess sufficient tact to discriminate between cases requiring them, and those in which their use would be highly injurious. Formerly, it was customary forcibly to pull open the womb—to employ emetics, strong purgatives, many different kinds of hot and stimulating teas—rolling the patient on the floor—tossing her in a sheet, and a thousand more ridiculous and dangerous practices. But, since midwifery has fallen into the hands of liberally educated persons, and practiced upon the faithful deductions of enlightened experience; these absurdities have vanished, and a very different practice is now pursued. The patient is kept cool, tranquil, and permitted to repose—all fatiguing efforts are prohibited—mild drinks only are allowed—and when there is fever, blood-letting and clysters, and the mental stimulus of cheerfulness and hope are relied upon, rather than wine, cordial, and other extravagant follies.

148. IRREGULAR ACTION OF THE WOMB,—is marked by pain coming on at intervals like proper pains, but is confined to the belly; and oper-

ates rather in the sides; and has but little effect on the mouth of the womb, or in forcing down the child; although, from the severity of the pains we might expect them to be very effective. This irregular action is caused by the womb contracting from the sides, as though a string were drawn around it; and no contraction taking place from the top. Time, patience, and the exercise of a proper degree of caution, will generally surmount this difficulty; yet, if it continue long without change, which can only be told by examination; a brisk clyster, blood-letting, and afterwards, about one hundred drops of Laudanum, or one grain of Opium, with perfect rest, so as to derive full benefit from the opiate, will most generally relieve the irregular pains; and in due time, the natural and effective pains, will resume their place.

149. PREMATURE LABOR.—When parturition takes place during the seventh or eighth month of pregnancy it is denominated, Premature labor, and is considered much more dangerous to the mother than abortion or miscarriage. There is in this case, a probability in favor of the child living; whereas in abortion this can never be expected. The symptoms of approach very much resemble those of Abortion, mentioned, when treating of that subject. (55)

In general, it is announced by a severe chill, followed by a feverish state of the system, pain and hemorrhage: but this last mentioned symptom does not so frequently accompany premature labor, before the expulsion of the child, as it does Abortion: but when it does take place, it is considered more dangerous. This chill and fever which usually precede premature labor, are frequently mistaken for the effects of cold; and much injury has often resulted from the improper administration of stimulating articles, for the purpose of "driving out the cold." Depending, as the above mentioned symptoms, chill and fever do, upon constitutional disturbance, they require a very different plan of treatment from that alluded to. If the patient be flushed, or the pulse strong, full and throbbing; blood must be drawn, a clyster administered, and opiates given; keeping her cool and tranquil in a recumbent position; and the general plan of treatment recommended in Abortion, pursued: by which means the process of labor can frequently be checked, and the woman go to her full time.

150. But if the pains be strong, with considerable expulsive effort and descent of the child: and more particularly if the labor pains have preceded the hemorrhage, or have sus-

pended it, we may conclude that labor is established and ought to be suffered to proceed uninterrupted; observing the same precautions, and conducting it in the same manner as labors of the same kind are directed.

151. It may not be improper however to observe, that the patient must avoid motion, lest hemorrhage be excited. She should from the beginning be confined to bed, and strictly maintain a recumbent posture, throughout all the different stages of her labor. The delivery of the child ought to be retarded, rather than accelerated, to allow the womb sufficient time to contract upon the placenta: after the delivery of the child, gently rubbing the hand over the uterine region will much facilitate the contracting of that organ. Here very great caution is requisite, and it should never be attempted forcibly to remove the placenta, nor should it be pulled strongly by the cord, as it is easily torn asunder; consequently its expulsion should be obtained, by exciting the contraction of the womb. The patient should be closely watched for some days after delivery, as she will be more liable to inflammatory affections, than, subsequent to a labor after the full time of gestation.

152. EXHAUSTION.—An exhausted state of the system may be produced either from previous

disease, flooding, or want of nourishment; the latter of which frequently occurs among the poor; but may also be the case with those in better circumstances, from disease of the digestive organs, by long continued vomiting, or diarrhea. Exhaustion not unfrequently causes apparent febrile symptoms, such as head-ache, small quick pulse, loathing of food, hot skin, with chills: and may easily be mistaken for febrile action of the inflammatory kind; but it should be carefully distinguished from that, as the remediate means are directly opposite. In case of exhaustion, although there may be a transitory blush upon the countenance at times, yet the face will generally be pale, and somewhat swelled or puffy; a disinclination to rise, it causing a degree of fainting: these symptoms, together with inquiring into the previous condition of the patient, will generally enable us to pursue a proper course.

153. In these cases the labor is prolonged or suspended, for want of sufficient strength to carry on the process; they are such as should if possible be placed in the hands of medical men. The patient is not to be put on her labor too early; her strength is to be supported by proper diet; such as chicken, beef, veal, or mutton broth; gruel, rice-water, milk in which rice has been boiled, milk alone boiled, or boiled bread and

milk; to be taken in small quantities, a few table spoonfuls at a time, and frequently repeated, as the stomach may be able to bear it: to any of these may be added a small portion of salt, and to those with whom it will agree, a small portion of either loaf sugar, cinnamon, nutmeg, or ginger; but the spices should be in very small quantities. If the prostration be very great, and having been caused by discharges from the system; a tea-spoon full of brandy, or two of good wine may occasionally be added, but which require much caution in their use. (see par. 58.) If the stomach cannot take food; a clyster may be used every hour of about two gills, either of chicken, veal, mutton, or beef broth, rice water, rice milk, or boiled milk, with about five drops of laudanum into each injection; but neither salt nor sugar. By the assistance of these means judiciously employed, nature will generally be found to accomplish the delivery: for in all such cases of great weakness, the resistance is generally proportioned to the strength of the patient. The contractile power of the womb is less impaired, than many other powers of the system.

154. NERVOUS OR HYSTERICAL AFFECTIONS—are sometimes a cause of difficulty; and although alarming, are not dangerous; neither are they very common in labor. They are apt to super-

vene in the delicate and weakly, upon their being deprived of rest; and by diarrhea and other exhausting discharges; also, anxiety and alarm. Hysterical affections are distinguished from *Puerpural Convulsions*, by the face being pale. During the attack the countenance is very little distorted, there is no foaming at the mouth; the attack commences with a sense of choaking, or lump in the throat, the patient lies as in a faint, and then has convulsive motions, or screams and sobs; and the fit is generally terminated by shedding tears, and frequently a large quantity of pale urine is voided. The treatment consists in administering a large table spoonful of the watery Solution of Assafoetida, or two tea spoonfuls of the Tincture of Assafoetida, every half hour; or the following;

R. No. 29. Tinct. Assafat. 2 oz.
Tinct. Opium, 1-2 oz.
Ether Sulphuric, 1 dr.

of this two tea spoonfuls full may be given in some fresh water, and repeated in half doses every half hour, for three or four more doses, if necessary. Should the patient be much exhausted by profuse discharges, (par. 153.) and if the bowels be costive, a clyster must be administered. If the patient cannot swallow, the medicines may be given in clysters of half a pint

of luke warm water; omitting the Ether, and doubling the quantity of both the other medicines; and repeating the same as above directed. By pursuing such a plan of treatment, the paroxisms will soon be moderated, and the labor proceed in its course.

155. **CONTRACTED PELVIS.**—Delay from this cause is known, by the child's head remaining high up for a long time, after the mouth of the womb is dilated, the membranes ruptured, and the waters discharged; and when its entrance into, and its descent through the pelvis, are observed to be very slow, and the bones of it overlap each other, so as to make the presenting parts sharp and prominent; or when it presents a ridge like a hog's back, and the scalp of the child is felt loose and wrinkled over it. This difficulty may be occasioned, by a relative disproportion of the child's head and the pelvis of the mother; that is, when the former is more than usually large, or by the other being positively contracted, and smaller than a healthy well formed pelvis. In these cases, more care and longer time alone are required; and the repetition of the pains will at length mould and shape the child's head, to the form and dimensions of the pelvis: and in general, the delivery will be effected with more ease and safety to

both mother and child, when left to the natural efforts, than when extraneous aid is employed; unless that aid be well chosen, and very judiciously directed. Should there however exist a considerable departure in the capacity of the pelvis from a healthy standard, it will generally be discoverable by some external deformity, and may require the use of instruments.

156. CESSATION OF LABOR PAINS.—On some occasions, after having been for a time strong and regular, so as to have given reason to expect the birth to have been speedily concluded; the labor pains will begin to decline, and become less and less, until they will entirely cease. This sometimes happens after the membranes have burst and the water discharged, at other times when the presenting part has descended so low as to be upon the point of emerging from the external orifice; but it may occur at any stage of labor. This Cessation of labor taking place unexpectedly, and contrary to what is at the time calculated upon, gives rise to fear and apprehension of danger; but unless some other cause for apprehension exists, than the cessation of labor, it is of no consequence; for by keeping the patient from being alarmed at it, and affording her an opportunity of repose, the uterine ac-

tion will commence again, and the labor be concluded. The suspension sometimes proceeds from fatigue, at other times no cause can be assigned; it is evidently sometimes caused by fright or alarm, or anxiety occasioned by the communication of some distressing intelligence. Hence the great importance of keeping the mind of women in labor easy and tranquil; (see 95) and when they have been disturbed, they ought to be apprised of the necessity of quiet submission to the exigencies of the circumstance; and by soothing consolation to restore the mind to its proper tone. But if the Cessation of the labor occur after the expulsion of the head, the child may be in some danger; a finger must then be gently introduced under the arm of the child, and slightly shake or agitate it, making use of a small degree of extractive force, at the same time an assistant should apply a cold moist towel to the abdomen of the woman, or rub it with a cold hand; this will assist in renewing the uterine efforts. (see 166.)

157. CRAMPS in the legs or thighs are very common during labor, but seldom continue long. Frictions, with warm spirits, laudanum, opodeldoc, camphorated spirits, or ether, will generally relieve them. When they occur in the side, they sometimes become very distressing, and

interrupt the labor pains. In such cases after bleeding, (the state of the system not forbidding such evacuation,) give twenty or thirty drops of Laudanum, and if necessary, repeat it a few times at intervals of twenty minutes.

158. Labors rendered difficult by obstacles on the part of the Child or Placenta.

These are;

Position of the child unfavourable to delivery.

Umbilical Cord, either twisted around the child, or being the presenting part.

Twins.

Placenta attached over the mouth of the womb, or it being retained after the delivery of the Child.

The difficulty in all these cases may be still further increased by being complicated with obstacles on the part of the mother. Some of these cases admit of no relief, but by turning and delivering by the feet; or by the use of instruments: therefore, when either of these are necessary, the case must go into the hands of a Physician.

159. If upon external examination of the abdomen, we find that the womb with its contents is situated much more to one side than to the other, and as is usually the case, the mouth of the

womb be found high up on the opposite side; or if the child hang far over before, and the belly very pendulous in that direction; and the mouth of the womb high up and back, so as to be with difficulty, if at all reached: we may expect the labor to be attended with considerable delay. This is usually denominated by medical writers "Oblique position of the *Os Uteri*." We believe that this position is produced by some relaxation or weakness of the abdominal muscles, and the weight of the enlarged womb pressing against that relaxed part; it not being so well sustained there as elsewhere, becomes pendulous in that direction; the body of the womb being thus pushed to one side, or out before, the mouth of the womb will of course be drawn up in the opposite direction. see 52.

160. Before the membranes are ruptured, and the water discharged, the information we can obtain by examination, as it respects the position of the child, is obscure. If we can discover through the membranes, a round obtuse tumor, we may conclude that the position of the child is favourable; but if after the mouth of the womb is considerably dilated, and we can still not discover any part of the child; or if we can, and it be in the form of a long narrow pouch, we have reason to apprehend that the po-

sition is unfavourable. We should then be cautious, not only not to rupture the membranes, but to use every care to preserve them from being ruptured, until all the soft parts are sufficiently relaxed and prepared for delivery; and to insure this, the patient ought to be confined to a recumbant posture, and in that position wherein she finds the most ease and freedom from pain; and to be directed to restrain as much as possible the bearing down effort. This proceeding will have the appearance of protracting the labor, but she may rest assured that she will be compensated in the end. As soon, however, as the membranes do burst, (which is known by the discharge of water,) the presentation should be ascertained with greater accuracy. The patient must now be carefully examined; (see 74) which examination should be continued through several pains, if the one paroxysm of the pain is not sufficient for that purpose. From the part presenting, and the manner in which it does present, we judge of the position of the child.

161. If the mouth of the womb is dilated, or easily dilatable, the pain be strong, each paroxysm long continued, with apparent bearing down effort, and have this continued, for a considerable time, yet no part of the child can be felt; we may conclude that the case will be protract-

ted, and attended with difficulty. This want of presentation or descent, may be owing to a contracted pelvis: (see 155.) as it regards the child, it may be owing to its being very large, or the breech being the foremost part. In either case, time, and those directions heretofore prescribed as regards the state of the mother: will generally resolve the doubt. But if the the above mentioned pain continues long under the circumstance of a fully dilated orifice of the womb, together with a protuberance on each side of the belly, and no part presenting in the passage; we may conclude that the child is laying across.

162. After the presenting part has been forced down into the passage, so as to be felt on examination; and we find the passage occupied by a hard, round, smooth tumor, we may rest satisfied that it is the *Head*. The *Breech* may be distinguished by a less obtuse, uneven, soft and fleshy tumor; the unevenness being caused by the chink between the buttocks, and by the privates of the child; a discharge of black matter, is a further corroboration of its being the breech. The *Feet* may be distinguished from the *Hands* by the thickness of the foot, compared with the flatness of the hand; by the shortness of the toes, compared with the length of the fingers; by the great toe being longer,

and the thumb shorter, than the others: and the heel compared with the wrist. The right or left *Arm* is distinguished by shaking hands with the child. It is ever of the utmost importance that the *HAND* should be early distinguished from the *Foot*; as an error on this point would most likely be fatal to both mother and child. The *Belly* is distinguished by a broad, flat, soft, surface, with a cord like a doubling of a rope appending from it; the latter is the *Umbilical cord*, which may also present with any other part. The cord being very short, or twisted round the child, cannot be known until that part around which the cord is wrapped be expelled; yet we may suspect it to be the case, when the pains are of very short duration, and there be much retraction of the child during the interval between the pains: but these are by no means conclusive. see 135. *Twins*,—although we may suspect them from the great protuberance of the woman, yet we have no certain symptom whereby to judge until one child is born; then, by laying the hand upon the abdomen of the woman, we judge from the remaining bulk: but the only certain evidence is by the examination of the passage, and there finding another child presenting.

163. THE AFTERBIRTH, as before observed (in 68,) is by a large number of blood vessels attached to the womb; mostly to the top; frequently to the sides; sometimes, though very seldom over the entrance or mouth of the womb: the latter is a cause of great danger. When a woman towards the termination of her time, without having received any injury, becomes subject to repeated sudden discharges of blood from the vagina, we have reason to suspect the above unnatural attachment of the Placenta; more particularly so, when the discharge of blood seems to be the consequence of labor pain, and is increased in quantity as the pain shall increase in strength. It must however be borne in mind that most women at the commencement of labor, will have a small discharge of blood, which however will not often be repeated; nor will it ever be considerable in quantity, nor be increased by the labor pains, but cease as the labor advances; neither will it come away in jets or with force, as in the discharge we are now considering; (82;) the case there described is entirely harmless, while this is fraught with danger. When the mouth of the womb is so far dilated as to admit the finger, the placenta will present a rough, thick, soft lobated and spongy substance; while the membranes which are the natural part that should

present, are smooth, thin and elastic like a bladder distended by a fluid. If the membranes do thus present, accompanied by a continued flooding and increased by the labor pain, we may conclude that although the placenta may not be unnaturally attached, yet that it has been prematurely separated from its attachments; from which also danger may be apprehended.

164. The placenta is generally expelled in between half an hour, and an hour after the birth of the child; but it is sometimes longer retained: first, in consequence of a want of action in the womb; second, from an irregular contraction of the womb, called the "hour glass contraction," by which the placenta is grasped and held as it were in a bag with a string drawn tight around it; third, by a hard unnatural adhesion of it to the womb. Although we know that the placenta is retained by the aforesaid different causes, still we cannot always immediately decide, to which of those causes the retention is owing; yet it is of considerable importance that the cause of retention be ascertained, in order to put in requisition the proper means of relief.

165. After the birth of the child, although the placenta may not be expelled for hours, yet if

we can observe some degree of descent, and can on examination feel that part of it into which the cord is inserted; and on laying the hand on the belly, perceive the womb contracted into a globe or ball, we may in general rest satisfied that all will be well, unless with this state of things there should be much loss of blood. But if there be no contraction, nor pain in the uterine region, and on laying the hand on the belly, no lump be discovered; and on examination of the passage, we find as it were a void and endless canal, we may conclude that the retention is owing to a *want of action* in the womb. But if we can feel a painful lump under the hand laid on the belly, with a constant cutting pain, long continued, yet no appearance of the placenta descending; and on examination by tracing the cord, we shall arrive at some cord-like stricture like a purse drawn around the cord, or around part of the placenta, which stricture we cannot pass without difficulty and much increase of pain; we may conclude that the placenta is retained in consequence of *Spasm or irregular action* of the womb. If we perceive under the hand a lump not very painful, with now and then an increase of pain, but with long intervals between the paroxysms; and shall on tracing the cord not find the stricture, nor that void or endless feel-

ing before described, but find the canal in moderate contact with the cord, yet easily dilated, but not be able to reach the insertion of the cord without the introduction of the hand; we may suspect that it is a retention from *Schirrous Adhesion*: yet still we cannot be certain, until we attempt to separate the placenta from the womb, when from the firmness of the adhesion we may judge with certainty.

166. We have here thrown together those symptoms which denote a departure from the natural course, as it regards the child or after-birth; because these symptoms often require a comparison with each other in order to enable us to arrive at a conclusion. We will proceed to give directions for the treatment and disposal of them. In order to save repetition, the reader is here reminded that all those rules and directions heretofore given for the conducting and management of natural labor; as well as those given for the treatment of the difficulties depending on the mother, apply equally to these as far as they go; or as the circumstances of each case may require their observance. Some of these cases, although unnatural, are however not more dangerous, (provided they be properly managed,) than natural labors: others of them are attended with danger, and require skill and knowl-

edge, not to be expected from any but regularly educated physicians.

167. In the description of natural labor, it was observed that the head of the child enters the upper strait of the pelvis with one ear toward the pubes or front of the mother, and the other to her back; and as it descends, turns so that when the head shall emerge from under the bony arch of the pubes, it shall present and pass through the external orifice with the hind head to the front of the mother, and the chin to her back; the construction of the child's head and form of the passage, are both adapted to this manner of passing. But, it sometimes, although very seldom does pass in a contrary manner, so that it will be born with the chin to the forepart and the hind head to the perineum; this position is a cause of delay as well as of some danger; it can sometimes be early discovered and changed to one more favourable, but which can only so be done by physicians; the unskillful attempt being attended with more danger, than is the impediment attempted to be removed. The danger from this position besides the delay, is that the perineum cannot be passed by the vertex, before the chin will have passed the pubic arch; the perineum being on its utmost stretch is in great danger of being ruptured, and the head dwelling

a long time in the passage, the chin resting against the urethra may so bruise it as to give rise to inflammation; the consequence for awhile at least, will be suppression or incontinence of urine. But if we shall have acted with due caution during the first part of the labor, so that no violence has been offered these parts, and the patient possess a considerable degree of patience, and we paying due attention to the support of the perineum, and have the woman so held that she cannot withdraw herself from our support; and she at the same time endeavour to suppress as far as she can the expulsive effort: we will generally succeed with safety to both mother and child. see 108.

168. **OBLIQUITY OF THE WOMB,**—or the child hanging more than usually in some direction. The difficulty in this case is mostly confined to the first stage of labor, but it also sometimes protracts the second stage. If the belly be much pendant on one side, accompanied with the other symptoms of obliquity of the mouth of the womb, we ought to lay the patient on the opposite side; but if the protuberance be before, hanging over the pubes, we ought to lay her on her back; and during the pain give a moderate degree of support with the open hand to the pending part of the belly. This obliquity

is a frequent cause of the first stage of labor being protracted for several days, yet if nothing else occur will generally be happily concluded; it however requires long time and great patience; but it may also be accompanied by other mal-positions of both child and afterbirth; also by fever and inflammation, and when thus combined becomes very difficult and dangerous; and still more so, if improperly treated.

169. **CROSS BIRTH.**—This position occurs so very seldom that by some of much experience its existence is doubted. We cannot say positively, that we have ever met with a case; we have sometimes suspected it, but they always turned out breech presentations. We believe, that if they do exist, they are finally changed into breech cases; but that the uterine force, and time required to effect that, will generally cause the death of the child; therefore, the safer proceeding would be to turn and deliver by the feet, if that be practicable.

170. **FOOT PRESENTATION.**—The most particular and careful examination is here necessary that the arm be not mistaken for the foot, as the most disastrous consequences would therefrom result. Being assured that it is the feet or knees which present, the child should be permitted to be expelled by the natural pains; un-

less the circumstances should be such as to require a more speedy delivery. Having hold of the feet, we have it in our power considerably to accelerate the labor, or to render it entirely artificial; but as artificial delivery will in most of cases destroy the child, even in the best of hands, it is therefore never resorted to but on the most urgent necessity. Yet when the case is complicated with Flooding, Convulsion, or decent of the Navel String, we are compelled to give some assistance; or even to render the labor entirely artificial, even at that important risk: for if we did not, the child would undoubtedly be lost, and the mother left in the greatest peril. Therefore if there be cause for assistance, it may be rendered by grasping the foot or feet with the right hand, using such extractive force as the occasion may require, directing it from side to side and from front to back; if there be any natural efforts at expulsion made, we must make the force we use co-operate with that; and if there be none, we should gently rub and press the belly so as to excite action, while we make our attempts similar to the natural pains, extracting and resting alternately; using however the least force the nature of the case will admit of. We should bear in mind that the authority for using any force, is given only in cases of the dangerous emergen-

cies before mentioned; and that in all other cases unattended with imminent danger, we are to leave the feet to be expelled by the natural efforts, until the hips have passed the external orifice: and still if no cause for interference exists, we must leave the labor to proceed naturally and slowly, that all possible relaxation may be obtained. When the hips are about to emerge from the passage, the perineum becomes stretched and requires attention; it should in this case be supported by an assistant, as we may have use for both hands. The manner in which the child is passing through the pelvis, is now also necessary to be attended to. If the belly of the child be to the hip or side of the mother with an inclination toward her back, all is right; but if there be a tendency of the child's belly to the front of the mother, it is necessary to counteract that position: the legs of the child are therefore to be wrapped in a soft linen or muslin cloth, and grasped with both hands; running the fingers over its hips, and gradually to turn a little towards the back during the pain, and during the intervals to keep it from receding: we continue thus as it advances, so that by the time the head comes to be delivered it shall be with its face to the back of the mother. During the passage of the child's body and head, we

should carefully attend to the navel cord, drawing it a little down so as to keep it from being violently stretched, and if there be no pulsation in the cord, or if the pulsation be very feeble, then endeavor in the absence of the pain to move it to some other situation, where there may be more room, and the cord less compressed; but this is seldom possible, so that, we are compelled to let it remain as it is. We are however, in the case of compression of the cord warranted in using some greater degree of extractive force than otherwise, because the life of the child is in imminent danger, and may by some moderate assistance be preserved; but at the same time it should be considered, that the degree of force used may be so great as most certainly to destroy the child; in that case we gain nothing by our exertions: therefore, if moderate exertion on our part will not effect it, we had nevertheless better be content with that moderation. As the body descends, we having the thighs in our right hand, grasp the body above with our left hand, we then have the fingers of the left hand in readiness for any purpose required. If the head and arms be found advancing, there is no reason why we should bring them down; but if the head should remain fixed in

such a manner as to resist the force which we think safely and prudently exerted; then the arms ought to be brought down very carefully and slowly, first that one which is farthest advanced, and afterwards the other. If the arms be across the breast, but little difficulty will occur; we should insinuate the forefinger of the left hand into the elbow, and gently bring down the forearm. This bringing down of the arms, is best done between the pains, as then, there is more relaxation of the parts. If the arms be turned up along side of the head, they will be more difficult to bring down: we then insinuate our finger between the arm and the child's neck, gradually pull it down, not at once, but in successive attempts, having the body of the child on our right arm and hand, using the body as a lever, and raising or depressing it to the side opposite to that on which we are bringing down the arm; having brought down the arm as far as the elbow, the fore arm must in the absence of the pain be brought slowly and with the greatest caution through the external orifice, lest the perineum be ruptured. If there remain much difficulty in the extraction of the head, we pass the forefinger of the left hand into the child's mouth, and press down the jaw towards the breast, in order to change the position; while thus depressing

the jaw, we incline the body of the child forward between the woman's thighs, and back again, and from side to side with a waving motion, but not pull by the neck or by the chin, *unless we are fully assured that the child is dead*; and still not then, unless the life of the mother be in jeopardy. But we would again observe, and would desire that it might be particularly remembered, that neither the interference here mentioned nor any other, is justifiable, until by the failure of the natural efforts it is proved to be absolutely necessary; that is, when having given full scope and due time to those efforts, they are proved to be unequal to the expulsion of the child; and that it is not mere delay in the labor, or impatience of the mother to be delivered from her present pain, but it is only her actual danger or that of the child, which can warrant our interference. If the causes requiring assistance depend on the mother, we have in general less resistance to overcome; the parts being more relaxed, the child is then in less danger than if the assistance be required in consequence of mal-position of the child; in the latter we shall find more difficulty, and even with much skill and great caution shall still sometimes be deprived of the satisfaction of saving the child. Therefore, whenever artificial assis-

tance is given, it ought to be perfectly consistent with the safety of the mother, and if possible with that of the child, which must be considered and treated as if we were certain it was alive and would be born living.

171. BREECH.—In cases of the breech presenting, we are to allow the breech to be expelled by the natural efforts without any interference; until it has with the feet and legs passed the external parts: it will then not differ from an original presentation of the feet, and is to be managed under the same restrictions and cautions. But should there be any circumstance accompanying it, which would require a more speedy delivery than we can expect from the natural efforts; this assistance may be rendered by introducing a finger into each of the child's groins, and thereby making such extractive exertions as the case may require. There is, however, in this aid also some hazard of injuring the child by the force we may be tempted to use. As soon as we can bring down one foot, we are to use that in the manner mentioned in foot cases; we need not be very anxious to bring down both feet, for if we have one the other will soon follow.

172. ARM WITH THE HEAD.—The hand and arm may present with the head, which will ren-

der the labor tedious and difficult, the arm or arms, filling up that portion of the passage which should be occupied by the head alone. In the early stage of labor, provided the mouth of the womb is much relaxed, we are sometimes able to return the arm, and by keeping it up until a few pains shall pass over, and the head will have descended so far into the passage as to prevent the further descent of the arm; but more frequently this cannot be done; it then must be left to the natural efforts, as far as domestic practice is concerned. The natural pains will often be sufficient for the expulsion of the child; but they also sometimes fail, then instruments are resorted to. We would advise, in cases where the arm cannot be returned, to retard as much as possible the first and second stage of labor, (if not otherwise improper,) so as to obtain the greatest possible degree of relaxation. In order thus to retard the labor, the woman should be bled, and laid in that posture in which she will be most free from pain, and be thus kept at rest, and she, herself, use every endeavor to restrain the bearing down effort; thus reserve all her strength and energies for the last stage.

173. ARM AND SHOULDER.—This is a position in which no child can be born, unless it should be extremely small, and the pelvis very

large: nothing but turning and delivering by the feet can avail here, and save the life of the mother; for which purpose, knowledge, skill, cool and deliberate judgment, are required. We would therefore advise as soon as this position is discovered, by no means to handle the woman any more, but to have her bled freely, and give a grain pill of opium, or one hundred drops of laudanum, and leave her perfectly quiet in a recumbent posture, with the head and shoulders but little elevated; her safety will very much depend on this quietness, while the Physician is being procured. We remember two unfortunate cases wherein some of the above precautions were not attended to, and we not being sent for until the waters were discharged, and the arm and shoulder discovered in the passage; having to travel in one case ten, and in the other fifteen miles; during which time, inflammation of the womb had taken place, and rendered all efforts useless. But we have also the cheering reflection to know that we have been the means of saving three others, about the same distance, and to which also we were not called until the discovery of the position; but the patient having in the mean time been kept perfectly quiet; yet our efforts did not avail without much suffering to the woman, and great exertion and anxiety on our part.

We have, however, not lost a patient from this cause to which we were called in at first, before the membranes had been ruptured; but, on the contrary, have relieved some from this dangerous situation and saved both mothers and children, with such ease that there was not even a suspicion of their danger: in this case we are not single, for these results frequently happen to practitioners in Obstetrics. This unfortunate position may occur at such times, and in such situations, that no physician can be procured, nor any other person of sufficient skill to turn the child; we would, therefore, in such a dilemma, advise, that after bleeding the woman freely, and evacuating the bowels by a clyster, to leave her entirely to the natural efforts, and make no effort whatsoever at extraction, for a few cases are upon record where the natural efforts of the womb thus left alone, have somehow brought about a change, and the child was expelled breech foremost.

174. UMBILICAL CORD.—A short navel cord, or it being twisted round the child, may protract delivery, or cause a premature separation of the afterbirth, and consequent hemorrhage; but as we have no certain symptoms by which we can ascertain this to be the case, and if we had, we have no means of rectifying it, we therefore, (ex-

cept in cases of convulsions, hemorrhage, or other exhaustion,) leave all these cases to the natural efforts, until that part of the child around which the cord is wrapped be expelled; we then, if the pulsation in the cord be vigorous, retard in some degree the expulsion of the rest of the body, and in the mean time endeavor to slip the cord over the head, or if that be impracticable, draw it over the shoulder, but both these are sometimes impossible; and in foot cases the cord is sometimes wrapped around the thigh from which it cannot be disengaged. The rule then is, that if there be pulsation in the cord, to leave all to the natural pains, and be careful to keep that part of the child which has been expelled, close in and between the woman's thighs, until the rest be expelled; which being accomplished, we then unwrap it, but if there be no pulsation in the cord, or if it pulsate very feebly, we must then consider whether other circumstances do not forbid us to expedite the delivery; then to use extractive force, for on the speedy delivery will now depend the life of the child. If the cord be too short, (which we can only ascertain when the child is born as far as the navel,) we then will find the cord stretched tight, drawing the navel towards the mother; if it still pulsate, there is no danger, unless the child

should either be expelled or extracted too rapidly, the exit of it should therefore rather be retarded than accelerated; but if the pulsation shall have ceased, or hemorrhage take place, we are warranted in using considerable exertion to expedite the delivery; still we may do harm, and therefore, although the child is in great danger, yet in all cases of doubt we should decide on the least possible force; by so doing we may save the life of the mother, which we may put in great jeopardy by using much force.

175. The cord presenting with the head, is generally attended with much danger to the child, and unless the pain be very effective and the birth very speedily concluded, the child will die in the birth from compression of the cord, by which the uterine life will be destroyed, before the breathing life can be substituted for it. Physicians in these cases, will generally turn and deliver by the feet, but we cannot expect, that many of those for whom we are compiling, will be so bold as to attempt that, but if possible procure those who are competent to the task; yet, as this aid may not at all times be had, our advice in this case is, that an endeavor be made to return the cord, by carrying it up on the points of the fingers between the child's head and the mother, so as to place it above some part of the head, and keep

it there, until a few pains shall have forced the head below it, and keep it from again descending. This, however, can only be accomplished in the early stage of labor, and unfortunately our attempts to replace it there, are frequently fruitless; it then becomes an object to retard as much as possible the first and second stages of labor. For this purpose the woman should be freely bled, kept quiet in a recumbent posture, and directed to restrain her expulsive efforts as long as the pulsation in the cord is not much weakened; but when the child shall be so far advanced as to compress the pulsation, then to get her up upon her feet, supported under the arms by assistants, or supporting herself at the back of a chair, and in that upright posture make as much effort as she can to promote and make more effectual the natural efforts; or, she may kneel at the side of the bed; but whether standing or kneeling, when the final passage of the head is about to take place, then have her lifted on the bed, and let the delivery be completed as in other cases. We would observe, that if the pulsation of the cord has entirely ceased for half an hour, there is then no reasonable expectation of the child being born alive; the announcement of this fact is however unnecessary and improper; for the hope of a living child being

relinquished, there remains therefore no more reason for endeavoring to hasten the delivery; we should then give the woman full time and all chances in her favor, by submitting the labor to the natural pain. If the cord present with the feet or breech, directions for the management of it will be found under those heads.

176. TWINS.—Signs have been mentioned by writers, from which the presence of twins may be suspected, these are however so fallacious that no reliance can be placed upon them, yet if the abdomen be unusually large, we may suspect twins. During labor, after one child is born, if by placing one hand upon the mother, we perceive a larger tumor than usual, we conclude that there is another child; but by an examination of the passage only can we ascertain it to a certainty. Soon after the first child is born, the pains usually come on like those which throw off the after birth, but more severe, yet have not the effect of expelling it, for it is generally retained till after the delivery of the second child. It is considered best not to acquaint the mother with the existence of another child. We have in our instruction for the management of natural labor forbid the rupturing of the membranes, but now in the case of *Twins*,

we would advise that when the second child is coming down, and the membranes tense before it to rupture them, so as to ascertain the presentation early, for it is often unfavorable and requires turning, which in this case and in this early stage of the descent of the second child is remarkably easy to perform. The hand once introduced should be kept in the passage until the presentation be clearly and satisfactorily ascertained; if it be found unfavorable, we should seek for the feet, or foot, and bring them or it down into the passage, we may then leave them to be expelled by the natural pains. When we have the feet thus in the passage, it will not differ from an original foot case, but it is best to keep hold of the feet until they be expelled, but not pull thereby, unless there are special reasons for it, taking care that in bringing them down the toes of the child be to the back of the mother. If the presentation be favorable we leave all to the natural pains.

177. PLACENTA ATTACHED OVER THE MOUTH OF THE WOMB;—these are cases which educated men only can manage with safety; the delivery must in most of them be entirely artificial, nothing else will avail, and moreover, these are also cases at which the wisest heads and the stoutest hearts will occasionally be daunted; yet even here the

art of midwifery will shine forth as the morning sun. We have seen as it were, the last gleam of life flickering upon the verge of time, recalled by the interposition of the art in a manner so decided and unequivocal as to obtain for it the admiration of some most violent opposers. If therefore, there is reason to suspect the attachment of the placenta over the mouth of the womb, or a *premature separation* of the placenta, a physician should be insisted upon; in the mean time until he arrives, the woman should be kept cool and perfectly quiet in a horizontal posture, if she has much pain, one grain pill of Opium or an hundred drops of Laudanum are to be given her, which may be repeated in an hour if the first dose is not sufficient to ease the pain. If the hemorrhage be violent so as to occasion faintness we would advise stuffing the passage, (see 59.)

178. RETAINED PLACENTA.—The placenta may be retained after the delivery of the child—from a want of action of the uterus—by a preternatural adhesion of it to the sides of that organ; or by an irregular and spasmodic contraction of its fibres. For the management of the first cause of its retention, we have given directions; (see 121—2—3—4.) Having employed the means there prescribed for the delivery of the afterbirth without success, if the patient be much exhaust-

ed we would refer to 153, where directions are given for recruiting the strength of the system. After having waited, three or four hours from the delivery of the child, if no hemorrhage be present, (but not so long if the hemorrhage be alarming,) the patient should be delivered of the afterbirth by art; for although on many occasions the placenta has been naturally and safely delivered, after several days, yet it has so frequently happened, that the woman has lost her life either by flooding, or by a malignant fever in consequence of its retention; that it has become an invariable rule, not to leave the patient until the delivery shall be accomplished. But in giving this opinion, or in describing the manner of performing the operation, we hope that no encouragement shall thence be assumed for rashness and impatience: let it be remembered, that the introduction of the hand into the womb is always attended with some hazard, and that it is justifiable, only when it becomes the lesser evil. No consideration, therefore, of mere expediency, either to gratify the impatience of the patient, or her friends, or to release the midwife from her attendance can justify it; our patient's safety must be the sole consideration, and except in cases of flooding, that safety is never put to hazard, without having first given due time to the

natural efforts to have accomplished the expulsion, and these having failed to do so.

179. Whenever, from the necessity of the case, we have determined on the introduction of the hand, the woman is to be brought down to the edge of the bed, lying on her left side, with a pillow between her knees, the operator sitting by the side of the bed, on a low stool; or as some prefer it, the woman may be placed on her back, with her hips some what raised,—and her feet supported on the laps of assistants on each side, a double sheet or blanket having been previously thrown over their laps to protect them, and a covering over the woman to shield her from the cold. If this position be selected, the operator, after having anointed the right hand and arm with clean fresh lard,—should kneel down between the two assistants,—collect the fingers and thumb around the cord, holding the free extremity of it in the left hand, the right, is to be, with a gentle half rotatory motion, insinuated into the passage, and continued up the cord, using it as a guide to the placenta. In thus introducing the hand into the womb, if pain come on, we must rest during its continuance, and wait until the parts again relax before we attempt the further introduction; but we should keep what advantage we may have gained, unless the parts

contract with great force around the hand; then it is best to straighten the hand, and lay it flat, until that force shall relax: but if our attempts shall cause powerful and continued opposition, we must desist for the time, for this resistance cannot be overcome by force. but must be accomplished by slow and cautious perseverance.

180. The introduction of the hand alone often proves a sufficient stimulus to the womb and excites it to contract and expel the afterbirth. If the placenta be found laying loose in the cavity, we move the fingers gently about against the side of the womb, at the same time causing pressure and friction to be made externally on the woman's belly: we next grasp the placenta in our hand and gently twist it about in different directions: this will seldom fail to excite the womb to contract upon our hand, and when we find it doing so, we bring the hand with the placenta a little downward, where resting a few minutes, we make further extraction, so on gradually, until we have brought it into the passage; where, if there be no flooding, we leave it to be expelled by the natural pains. It is of importance that the hand be not withdrawn from the womb until it shall have contracted around the hand; for it should be observed and remembered, that the danger is not averted by

the mere extraction of the placenta, but by the contraction of the womb, which contraction diminishes the volume, and shuts up the mouth of the blood vessels.

181. But if the placenta be found still attached, we press with the back of the hand against it, or pass the finger along the cord to its root, where it enters the placenta, press and endeavor to gather it up between the fingers: when having thus produced contraction, and yet, can perceive no descent of the placenta, it may be concluded that the retention is owing to a preternatural adhesion. If the introduction of the hand be frustrated by a hard ring or stricture, we may conclude that the retention is caused by spasm or irregular action. These latter cases are, however, of too much difficulty and danger to be meddled with by any but physicians; perfect quietness in a horizontal position, is requisite, while the physician is sent for.

CHAPTER III.**ON PUERPERAL DISEASES.**

SECTION I.

Those which are immediately subsequent to delivery.

182. **FLOODING.**—The hemorrhage which comes on after the complete delivery of the afterbirth, is sometimes very alarming and dangerous, and is caused by the womb not contracting as it should. If after the woman be put to bed, she waste too much, it will manifest itself by a faintness; it will be necessary to observe that, if she has been overheated by too much clothing, or the temperature of the room, this should be remedied by the removal of some of the clothes, and fresh air freely admitted, cold water should be freely and repeatedly sprinkled on her face, a cold hand rubbed over her belly, a towel or napkin several

times doubled and wetted with cold water applied to the belly and confined by a broad bandage, and to be renewed if it becomes warm; frequent draughts of cold water must be given her; if she has repeated vomiting, a dose of soda powders after every motion, will have a good effect; if these should fail, and the case become alarming, a lump of alum about the size and shape of a hen's egg, and a nick cut around the middle, so that a tape can be securely tied round it, which is then to be pushed with the hand into the womb, and left there for some time; and when it has accomplished the restraining of the flooding, it should be slowly withdrawn by pulling the tape. The applications of cold have their limits: they must be discontinued when they have accomplished the restraining of the hemorrhage; or if they fail, and are productive of continued chills, it may then be supposed that all the advantages to be expected from them are obtained; they must, therefore, then be omitted. If the system does not shew signs of returning life, and the patient continues to become colder, and appears in imminent danger of dying, cordials are then to be administered in small quantities and often repeated, as the urgency of the symptoms may require. Wine or brandy, diluted with water and made warm, will answer;

a julep made of the yoke of eggs and warm wine; or one part brandy, diluted with three parts of water, sweetened with loaf sugar, and flavored with a few drops of Ess. of Cinnamon, is also an excellent cordial. If there be pain, a dose of laudanum, paregoric, or anodyne cordial, may occasionally be added to either of the above cordials; but the exhibition of these cordials must cease as the patient shows signs of the return of life. Above all, she is not to be disturbed, or raised to an erect posture, but with perfect quiet, the small portion of life is to be carefully husbanded; for there is often a power of living in a quiescent state, or in a recumbent posture, when the patient would be destroyed by the least exertion, or by being raised to an erect position; she ought therefore not to be raised or even moved, before she is quite revived; and then, only with the utmost care and circumspection; persons have suddenly and unexpectedly died through want of attention to this matter. And when immediate danger is no longer apprehended, the flooding ceased, it will still not be prudent to replenish the emptied vessels too hastily, for by so doing, the blood vessels may be easily again stimulated to immoderate action, and the hemorrhage renewed. We should not be too solicitous about the weakness, but let

the constitutional powers gradually resume their different functions.

183. FAINTING.—This is always alarming, and sometimes a fatal symptom; it sometimes comes on immediately after delivery; but more frequently, not before an hour after. Some person ought therefore, always to have the special observance of the patient during that time, as the fainting may come on suddenly and unexpectedly; if it be caused by flooding, the method to be pursued has been considered in the preceding paragraph: but if it proceed from other causes which we are perhaps unable satisfactorily to assign, a tea spoon full of Paregoric, Anodyne Cordial, two tea spoonfuls of Batemans Drops, twenty drops of Ether, Spirits Camph., or Comp'd Spirits of lavender; either of these in some fresh water, together with fresh air, and forcibly sprinkling fresh water on the face, will generally soon be found to afford relief; frequently the fit will be terminated by a motion of vomiting. But we have seen it connected with a repeated vomiting of sour matter, and a burning sensation at the stomach; in that case fifteen grains of super carbonate of soda in a gill of fresh water; or a table spoonful of carbonate of magnesia in cold water, will be found an excellent remedy. If the vomiting be of a bitter matter, so-

da powders will be an effectual relief. Fainting appears in some manner connected with the sudden evacuation of the contents of the abdomen; as a preventive from this cause, the bandage recommended in 125 is applied; this should in all cases of fainting after delivery, be examined, and if it has moved, so as not to give the necessary support, it should be rectified and tightened. We have reason to think that we have frequently averted fainting, or much mitigated it, in those cases where we had been apprised of its having occurred in preceding labors, by administering some of the before mentioned medicines in anticipation of the attack, as soon as the woman was put to bed, and enjoining perfect quietness.

184. AFTER-PAINS.—In a former paragraph, (see 126) will be found directions for the treatment of those after-pains, common to the puerperal state. These pains which are generally absent in first labors, or exist but to a moderate degree, become more severe in subsequent ones. They proceed mostly from the contractions of the womb, induced by the presence of lumps of coagulated blood, but, sometimes, they owe their origin to irregular or spasmodic action of the womb; each severe pain is generally followed by the expulsion of a clot of blood. They come

on usually very soon after delivery, and increase when the child is first applied to the breast; but they gradually subside, and entirely disappear in the course of one or two days. They can easily be distinguished from those arising from inflammation, by their intermitting character, by the belly not being very painful to the touch—the uterine discharges not being obstructed—the patient experiencing no shivering or vomiting—and the pulse being seldom excited;—but when the contrary of all this, however, is the case, we must be on our guard, as there is danger at hand.

185. We occasionally meet with another after-pain, very different from that which usually succeeds labor; and which follows first, as well as subsequent labors, This pain is of a spasmodic character, with a strong tendency to inflammation, and occurs sometimes immediately after labor; at others, not until a more remote period, Its attack is peculiarly sharp, pungent, and distressing, and continues without intermission with the most distressing severity: it is sometimes seated in the womb, but more commonly in the small of the back, or low down in the extremity of the back bone, in the hip joint, thigh, or other parts; occasionally we find it seated in the neck of the bladder. Its strong disposition

to inflammation in the part attacked, renders it necessary for us to apply prompt and efficient remedies. Give, either two grains of opium with four grains of camphor, finely powdered and made into a bolus with some syrup; or two hundred drops of laudanum with an equal quantity of spirits of camphor: half of either of these doses, to be repeated every thirty minutes until relief be obtained. In addition to this, a fomentation of hops steeped in hot whiskey, brandy, or hot water, and enveloped in a muslin cloth, externally applied to the affected part, has an excellent effect. After we have given to the amount of three grains of opium, or three hundred drops of laudanum, without procuring relief, we would advise to cease their exhibition by the mouth, and administer them in the form of a clyster. For this purpose, one gill of flax-seed tea, with one hundred drops of laudanum, or one grain of opium diffused in it, will be an excellent clyster: this may be repeated in half portions for a few times if necessary. In all cases in which opiates cannot be taken, it would be advisable to administer them in the form of a clyster, doubling the quantity prescribed for doses by the mouth, leaving out the camphor. After the pains have been subdued, it is highly necessary that the bowels should be moved by

the conjoined action of moderate laxatives and purgative clysters. If there remain, however, much soreness of the parts, with febrile action, bleeding and blistering may both be required.

186. INVERSION OF THE WOMB.—In this terrible accident, the womb is turned inside out like a purse or sack, of which the bottom is brought through the mouth; it may be partial, as when only a part of the body of the womb is brought through the mouth, and will be found hanging down into the passage; or it may be complete, as when the body is brought through the external orifice, and lies like a bladder between the woman's thighs: this is very seldom, and then only at great risk and with great difficulty relieved. Inversion of the womb is generally the consequence of the mismanagement of the after birth, such as pulling at the navel string before the womb has begun to contract after the delivery of the child; but it may likewise be occasioned by unavoidable circumstances, such as a very sudden and forcible delivery of the child, in the case of the navel string being very short; a delivery in an upright posture may further aid the above causes in producing this unhappy result. In cases of fainting, sickness, and flooding, it will always be prudent to examine the passage, to ascertain whether the womb be inverted, and if so

no time is to be lost in procuring a physician. But fortunately, if those cautions and directions we have heretofore given be observed, as it regards the delivery, this accident will very seldom, if ever, take place.

187. LACERATION OF THE PERINEUM,—is a deplorable accident, but if those principles we have endeavored to inculcate, be adopted and acted upon, it will very seldom, if ever, happen; but may, when the labor has been improperly interfered with, and by much handling and rudeness, the external parts have been irritated and inflamed, and the perineum has become dry and rigid: (see 138—9.) We have there as a preventive directed bleeding, clysters, fomentations and rest in a recumbent posture. It has also happened in consequence of the woman suddenly withdrawing herself from the support of the midwife. When the laceration has happened, the parts should be anointed with mild cerate applied with a feather; the urine should be drawn off by a catheter, the thighs should be kept together by a proper bandage around the knees, and the part be frequently cleansed from every offensive matter; a dossil of lint well greased should be introduced high up into the natural passage or vagina, to prevent the sides from adhering together and obliterating that canal, which lint should be often removed

and more fresh applied: by these means, a cure may sometimes be effected; but if the laceration be extensive, the unfortunate woman is generally subject to many disgusting inconveniences during life; therefore, every necessary caution should be used, both by the midwife and the patient to prevent it.

188. INFLAMMATION AND SORENESS OF THE EXTERNAL PARTS.—After delivery there is sometimes much inflammation and painful tumefaction of the external parts; by washing and bathing with warm milk and water, and anointing with fresh lard, it will in general go off in a few days; but if it continue to get worse, so as to require attention,—in addition to the general antiphlogistic regimen, the parts are to be several times a day anointed with the following cerate:

R, No. 30. Bees-wax 1 oz.

Fresh lard 6 oz.

add to this, Sugar of Lead, 20 grains, dissolved in two table-spoonfuls of vinegar; or, in the place of the lard, take 4 oz. of sweet oil, or winter strained sperm oil, melt over a fire, and simmer for half an hour, strain, and stir until cool. If the parts be hot and tender, the following poultice will be found very useful:

R. No, 31. One handful of Hops,
Three handfals of Wheat Bran,
pour over them boiling water sufficient to make
them into a poultice, which envelope in a piece
of old fine muslin, and apply it warm over the
parts after anointing.

SECTION II.

Those diseases which have their remote cause in the puerpural state.

189. RETENTION OF THE URINE.—This extremely unpleasant, and not unfrequently fatal affection, is occasionally the result of protracted and tedious labor; especially those in which the delay takes place during the last stage: the child resting for a long time in the passage, pressing upon and bruising the neck of the bladder. The consequence of this is, that some women cannot void their urine, while others cannot retain it, but it keeps constantly dribbling away. Having previously given directions for the treatment of this unpleasant occurrence, we might pass it over without further notice, were we not convinced of the vital importance of an early attention to it, and that some valuable lives have been lost, and others rendered miserable for life, through a want of timely aid. As dangerous as it is, we have seen not a few effectually relieved

by an early application of proper remedies. We cannot too forcibly impress it upon the minds of those who have the care of the patient, to pay the most strict regard to the state of the bladder, and inspect the quantity discharged; for it frequently happens that the patient and her friends are alike deceived in regard to the quantity discharged; it may be very small, and this voided so slowly and with such difficulty, as to make it appear much greater than it is. Should the quantity of urine voided be small, and attended with pain; a fullness and tenderness be perceived on pressure, accompanied by a febrile state of the system, the woman should be bled, a moderate purgative clyster administered, and the catheter introduced twice a day.

190. INCONTINENCE OF URINE,—is likewise, in most cases, attended with an over distended state of the bladder; and although there is a constant passing away of it by drops, yet if the catheter be introduced, a pretty large quantity of urine can be withdrawn; the effect of which is to prevent the dribbling for some time, and by the use of the catheter twice a day, combined with the anti-phlogistic regimen generally, the functions of the bladder are soon reinstated. Although this treatment will very often afford relief, yet all must see the propriety of con-

sulting a physician at an early stage of the disease.

191. PILES,—are often a great inconvenience in child bed: every midwife, or other assistant, should, immediately after the woman is delivered of the after birth, examine the state of the *Anus*; and if it be found protruded, or if it be occupied with Piles, then carefully with the finger reduce them; introduce a finger well oiled after them, into the rectum, to ascertain that all are reduced, and in their proper place; this is at this time easy to perform, and we have reason to believe that much pain and misery will thereby be avoided to puerperal women. If, however, this should be omitted, or it should not succeed in averting the piles, we would refer to the paragraph on piles, and recommend the treatment there laid down, with the exception of the cold applications, which we believe are not applicable after delivery.

192. MILK FEVER.—The secretion of milk is usually accompanied with a slight fever, often amounting to a considerable degree of inflammatory action, preceded by shivering and going off with perspiration; it is in general more severe, and of longer continuance with the first than with subsequent children. If properly managed, it

will seldom continue longer than twentyfour hours; during its continuance the breasts are full, hard, and painful, which distinguishes this, from more dangerous fever. This fever is often unnecessarily increased by improper treatment, and when so, sometimes leads to other dangerous diseases; we are certain, that if the treatment which we have heretofore advised for parturient women, and shall hereafter prescribe for those lying-in, be adopted and strictly adhered to; that then very little inconvenience will arise from milk fever. If, however, it should be present in more than an ordinary degree, it will be necessary to carry the anti-phlogistic regimen and purgatives, somewhat further than in other cases, and if very obstinate, a small bleeding will be necessary; a tea spoon full of Spirits of Nitre, with ten drops Antimonial Wine, in a gill of toast water, should be given every two hours; balm, sage, mint, or elder flower tea should be freely drunk about lukewarm, and a poultice of bread and milk freely spread with lard and applied warm to the breasts. If these should fail to bring about a resolution of the fever, it will generally be found to be symptomatic of some other disease.

193. SORE NIPPLES,—are the immediate result of some inflammatory state of the system, or local

inflammation of the extremities of the milk vessels; the remote cause of which may have been laid during pregnancy or labor. The inflammation impeding the evacuation of the milk, the suction of the child denudes the outer skin from the nipple,—the inner skin cracks into fissures, from which blood is discharged,—the nipple frequently comes off, and the utility of the breast is entirely destroyed; and if not so desperate, yet still the woman will be, for a long time, unable to nurse her child with ease, and will have to suffer the most excruciating torments; the witnessing of which has frequently excited our feelings to a most painful intensity. Sympathy for the many sufferers from this cause has induced us to give this subject much of our time and attention; and we have reason to believe that, where we have been able to impress our patients with proper ideas of the nature of the disease, and they have adopted and continued our treatment, we have succeeded in many cases in preventing it, and, in others, in mitigating its violence and shortening its duration. Yet it must be confessed that, with all the care we have been able to bestow, some cases have baffled our efforts. From the nature of the disease, and from the use made of the parts, we may easily

perceive why it is so difficult to cure, and why a thousand different and contradictory remedies are in use. The fact is, that nothing but a resolution of the inflammation will effect a cure: and this resolution, nature will often, in the course of time, effect in spite of the contradictory remedies. The last remedy which happens to be applied will, for a time, have its day and its honor; and, if it had any agency in producing the cure, it will most likely be the cause of additional misery to many others: for be it remembered, that an appropriate application, when the inflammatory stage has been broken down, may be of very injurious tendency in the beginning of another case. Physicians are seldom consulted until the case has so far progressed, as to render their efforts of but little avail; and, if they are consulted, their prescriptions are very seldom adhered to, for, before any effect can be had, some new infallible cure is enforced.

194. In sore nipples, as well as in all other cases, an ounce of prevention is worth a pound of cure: we will, therefore, first point out the means of prevention. If those interested will peruse the chapter on Pregnancy and its Diseases, particularly the paragraph on Fever, (36,) they will there find pointed out the means of preventing and controlling that inflammatory state of

the system, which is the cause of so many future inconveniences. In addition to what is there enjoined to be observed, we would advise that, as soon as the female is married, she should (let the fashion be what it may) so regulate her dress as to avoid pressure on her breasts, particularly on her nipples; and, when the important and highly interesting duties of a mother are about to devolve on her, she should, during the last two months of her pregnancy, have her nipples drawn out by some other person—at first, very gently and but once a-day; and, as she approaches towards the completion of her time, more force should be used, (but at no time so much as to cause pain,) and the frequency of the operation increased to three times a-day. After each suction, the nipple should be washed with cold water, and exposed for a few minutes to the air. By these means, the nipple becomes accustomed to being drawn, and the skin is hardened. Many washes, and other applications, are recommended and used as preventives; but it is a question whether more harm than benefit does not result from their use. Many of them, we know, are of a stimulating nature, and tend to bring on that state of inflammation which constitutes the disease. But all means used will be of no avail, if the febrile state of the system be not guarded

against in time. As further preventives, the directions for lying-in women, laid down in the chapter on "Regimen during the month," should be rigorously enforced immediately on putting to bed. As soon as milk appears in the breasts, the child should be put to them. With the first child, the conduct in this respect is somewhat different from that practised towards subsequent ones. With the first, the breasts are for a few days considerably swelled and pained—some fever will also attend (see 192;) during which state of excitement, the child should not be permitted to suck, nor should any but the most gentle efforts be made to draw the nipple by other means. There is, at this time, no milk in the breasts: the swelling which attends is not distention from milk, but is inflammation; and, therefore, the breasts must not be drawn until that excitement in some measure subsides, and they become softer. (See Milk Fever—192.) Then the nipple should be gently drawn out, before the child is put to it: an experienced nurse is best, but suitable glasses are good substitutes; a large bottle, about half filled with hot water, will also produce easy and safe suction. The application of a nipple-shell, after every suction, will likewise be of service as a preventive.

195. We are almost appalled from the attempt

to prescribe a treatment for sore nipples, for when they become sore they are very difficult to cure, and are rendered still more so by improper treatment; yet still we know that much may be done to remedy them, if properly treated, and suitable remedies applied. When the nipple feels tender on the child sucking it, the attention should first and immediately be directed to the state of the system; if costiveness prevail, to have the bowels moved; and if fever prevail, either general, or local in the breast, then to abridge the diet, both in quantity and in its stimulant quality; if fever be very considerable, a small blood-letting may be of service, yet we are of opinion that bleeding will seldom be necessary, unless the person be very robust. Always attend to gently drawing out the nipple for the child before putting it to the breast, and, immediately after the child has finished its suction, to wash the nipple with cool water, or with lead water, made by dissolving 5 grains of sugar of lead in one ounce of water, after which washing, powder the nipple with finely powdered starch, or gum arabic, and apply the nipple glasses. By care and attention to this treatment on the occurrence of sore nipples, they will in general be relieved. But should these precautions have been omitted, or should they not have succeeded, and the nip-

ple become divested of its covering, and fissures be formed, then we would advise a further continuance of low diet, and open state of the bowels together with the febrifuge medicine, (see ¶ 192;) also a poultice, which will cover the nipple and circle around it, made after the following:

R. No. 32. Sugar of Lead, 10 gr.

Water, 1 oz.

Laudanum, 20 drops :

with this mixture and crumbs of bread, make a soft, smooth poultice, and keep it constantly applied, renewing it about every three hours for several days, or as long as heat and fever remain in the part. It will be necessary, before applying the child, to wash the nipple with lukewarm milk and water. After the fever has somewhat abated, discontinue the poultice, and bathe the nipple after each suction with the above water only, and apply rings, made of bees' wax, and fitted very exactly to the nipples; these rings will keep them out, and prevent them from being retracted: but they should be made like rings, so that the ends of the nipples may protrude through them—and not like caps, as is frequently done by persons ignorant of the reasons for which they are used, and who imagine there is some specific virtue in the wax it-

self; whereas, they only act mechanically, and will do as well if made of lead or ivory. After the febrile state is over, it may now be attempted to heal the sores. They may be washed with any one of the following, dissolved in one ounce of water, viz: 2 grains of nitrate of silver; 4 grains of blue vitriol; 5 grains of white vitriol; or 10 grains of alum. A decoction of white oak bark has frequently succeeded; in other cases, we have seen much benefit result from the application of dry white lead, but we have always had our fears of its effects upon the child. Some, again, have been relieved by the use of ointments and oils—olive oil and lime water in equal parts, shaken together in a vial, egg oil, citrine ointment, spermaceti ointment, an ointment made of fine wheat flour and sweet cream. If there are deep fissures, filling them up with powdered gum arabic, or touching them with lunar caustic, and applying the ring, will frequently bring them to a healing state. If the nipple be very sore, and in danger of coming away, the assistance of a nurse, to suckle the child during the night, will very much tend to prevent its coming off. A cow's teat, properly prepared, and fixed on a metallic nipple, such as are sold in the drug stores, and called nipple shields, (if the child

can be made to suck through them, are also an excellent remedy.

196. INFLAMMATION AND SUPPURATION OF THE BREASTS.—Sore nipples, and their consequent distention from milk, are perhaps the most fruitful source of inflammation of the breasts, and are also the most uncontrollable kind: those which arise from cold, or from that febrile state called the weed, will generally be more under the control of remedies. Sometimes, a chill will precede affections of the breasts; at other times, a painful swelling, without a chill. In either case, fever is soon excited—pain and swelling increase rapidly. There are two varieties: one is confined to the cellular substance between the skin and the breast, and is soon brought to an issue; the other is within the substance of the breast, is more slow in its progress, and frequently renders the breast, ever after, useless—which the first variety, of itself, never does. However slight the inflammation may at first appear, it should still be immediately met with suitable remedies; for the mischief soon progresses so far, that it can be but partially repaired. The patient should be put to bed, and kept in a horizontal position, and under the most rigid restrictions of diet—allowed no kind of animal food, nor any kind of spices, neither

vinous nor spirituous liquors : toasted bread and water only should be allowed, unless the patient has been previously much reduced ; then bread and milk, mush and milk, tea or coffee, may be taken. Her drink should be water, or cool tea of tamarinds, apples, cherries, peaches, or cream of tartar whey : she should be kept in a temperate and rather cool air, with light covering, unless she be chilly, then some change may be necessary. A full purge should be given—ten grains of calomel, followed in six hours by a large tea-spoonful of epsom salts, a table-spoonful of castor oil, or a gill of senna tea ; some one of which should be repeated every six hours, until free purging ensue : after which, the bowels must be daily attended to, and, by the exhibition of small and repeated doses, kept freely open. The calomel is restricted to the one potion, or it may be altogether omitted : in that case, the first potion of any of the other purgatives should be doubled. If there be general fever, she should be bled from the arm ; which must be repeated as the fever may require, and other attending circumstances may admit. Local bleeding, by cupping or leeching, on the body, near the circular margin of the breast, will answer a good purpose, particularly in those who are too weak for general bleeding.

For a local application to the breast, take hot vinegar, pour it over some hops, let it stand for a few minutes, strain out the hops, soak fine linen or muslin cloths in it, and apply them warm to the breast. They will be found particularly useful when the breast becomes much distended with milk, and cannot be drawn: it will diminish the secretion, and relieve the swelling. The breast, however, should be drawn as long as it can be done, always washing the nipple clean before the child is put to it. The following are very serviceable external applications: one gill of vinegar and one table-spoonful of laudanum, dissolve in this, half a dram of sugar of lead, and add two ounces of melted lard; all well shaken together, and applied with small rags, so as to keep the whole breast closely covered. In cases where there is an entire absence of chilliness, the following are very appropriate: Take one gill of moderately strong vinegar, half an ounce of white lead, and one hundred drops of laudanum, and apply them cold by means of fine cloths; or take one ounce of ether, two drams of laudanum, and half a gill of strong vinegar—shake all well together, and apply frequently with a feather, leaving the parts uncovered, so as to allow evaporation from the surface. This latter application is of great

service, when there is great heat in the breast: after the heat is by this reduced, some of the former applications may be made.

197. The aforesaid treatment and regimen are to be continued through the whole course, until we have no more hopes of a resolution, and supuration is considered inevitable; then the further reduction of the system, by bleeding and purgatives, will be unnecessary. At this stage, a plaister of honey, lard, and flour, is among the best applications. If we have reason to believe that matter is formed, and is ready for its exit, then a small poultice of bread and milk, smeared with lard, should be applied, slightly warm, to that part where we think it will burst or have to be opened. As soon as there appears a small, elevated, soft, rather dark spot,—which elevation is easily indented with the finger, but which also quickly reappears upon the withdrawal of the finger, and gives the sensation of having a fluid enclosed; that should be punctured with a lancet, and the matter discharged. The bread and milk poultice should then be again applied: after a few days, it may be dressed with basilicon ointment, or some other cerate, until the part be healed; which if it shall not soon do, there will probably be other circumstances connected with it, requiring a physician. If

there remain a hard lump in the breast, it should be rubbed with camphorated oil, opodeldoc, or volatile liniment, keeping the parts covered with fine flannel. If there be much debility, the tonic mixture, R. No. 33, may be used. The usual diet should be cautiously and slowly resumed.

198. EPHEMERAL FEVER, OR WEED.—This is a fever of common occurrence to lying-in women. It is usually of short duration, the paroxysm being completed generally within twenty-four hours, and always within forty-eight; for, if it continue longer, it becomes a fever of a different description. It consists of a cold, a hot, and a sweating stage; but, if care be not taken, the paroxysm is apt to return, and we either have a distinct intermitting fever established, or sometimes, from the co-operation of additional causes, a continued and very troublesome fever is produced. It is generally excited into action by exposure to cold, irregularities of diet, fatigue, passions of the mind, or want of rest. It is ushered in by a shivering fit, accompanied by pains in the back. When the cold stage has continued for some time, the hot one commences, and this ends in profuse perspiration, which either carries off the disease completely, or procures a great remission of the

symptoms. The head is usually pained, often intensely, especially over the eyes, in the first two stages, and in some instances accompanied by a slight delirium. The thirst is considerable, the stomach generally oppressed with wind, and the bowels bound. The pulse, until the third stage has somewhat advanced, is extremely rapid, but, at times, very irregular and changeable.

199. In the treatment of Ephemeral Fever, we must have regard to the several stages. In the cold stage, we give frequent small quantities of warm tea, such as Virginia snakeroot, balm, mint, or sage; and apply a bladder filled with warm water, or a dry warm flannel, to the stomach and back, and something warm to the feet: by this, we shorten the cold stage, and hasten on the hot stage. When the chilliness is gone off, and the hot stage is fully established, we then gradually remove the warm application, and lessen the quantity of bed-clothes. We now also, in the place of warm drink, give cooler, about lukewarm, such as toast water, tamarind or apple water. If the heat of the body be very great, and the thirst distressing, soda powders will be found to be very grateful; but the water in which the powders are dissolved should be previously made about lukewarm: these may

be repeated every half hour, during the continuance of the hot stage. When we find the heat of the system considerably diminished, the pain and restlessness much abated, together with other symptoms of perspiration about the breast, we then add some covering, and again resort to the free use of the sudorific teas, fresh made, and given warm, but not hot; keeping the patient perfectly quiet, in a state of gentle perspiration, for the space of five or six hours. We then refrain from the use of the teas; and, when the process is over, the patient is to be cautiously shifted, the clothes being previously well dried and warmed; and, if she have an inclination, let her have some nourishment—but it must not be of a stimulant kind, particularly not containing wine, spirits, or spices. During the whole course of the paroxysm, we must carefully guard against the sudden application of cold—it renews the shivering, and prolongs the disease; but, at the same time, we must also avoid too much heat. A comfortable room, with a moderate quantity of bed-clothes, only, should be permitted.

200. If the bowels are very costive, we should, on the accession of the hot stage, give some gentle, but not drastic purgative; such as castor oil, senna, or epsom salts; or if there be no piles,

then the pills No. 1, or 9, will answer very well; but if the bowels have been lately moved, we had better omit the purgative until after the paroxysm shall have been gone through, it is then of much importance to open and keep open the bowels. By the foregoing treatment we shall frequently be able to confine the disease to one paroxysm; it however will in somecases return at irregular periods, if the intermission become longer it is favorable, but if they become shorter it is unfavorable; if it does return, the same treatment must again be pursued, and during the intermission, the following tonic may be used:

R. No. 33. Take of either
Cammomile Flowers,
Thoroughwort,
Or Centaury, 2 oz.
Vallerian Root, 1-2 oz.
Cinnamon, 1-2 oz.;

pour over these, one quart of boiling water; cover up and set it by until cold; of this cold infusion, half a gill should be given every two hours during the intermission, and if the paroxysm does not return in twelve hours, then a dose every six hours; to be continued as long as it may be considered necessary. Much harm has resulted from improper treatment of weed, in consequence of erroneous ideas of the disease, general-

ly entertained, being supposed to be owing to cold, and therefore, as a preventive, puerperal women are often kept in suffocating hot rooms, and deluged with hot stimulant drink; and if they are so unfortunate as to take a chill, it is attempted to "drive out the cold" by means of hot stews of spirits and spices, strong aromatic and heating teas, such as pennyroyal, dittany, ginger, etc., together with hot close rooms, and abundance of bed-clothes, and all this without any regard to the state of the system or stage of the complaint; this treatment seldom fails to bring on continued fever, with its train of inflammations. Now, although a sudden exposure to but a small degree of cold does, generally, excite the disease into action; yet it appears, that lying-in women are somewhat predisposed to it, and that the disease is owing more to a weakened and irritable state of the system, than to cold: but even if it was occasioned by a cold, as some diseases undoubtedly are thus occasioned, this idea of "driving out the cold" by heat and stimulants is still preposterous. We would further observe, that if the disease is obstinate, and returns frequently, with pains in the belly, stomach, or breast, during the fever, and a continuing soreness remain in the same place during the intermission, which is observed to be increased on pressure or motion,

the case is likely to be protracted, and may not be void of danger; therefore, the personal attendance of a physician should be procured.

201. LOCHIA AND ITS DERANGEMENTS.—By the term *lochia* is meant those sanguineous discharges from the womb after delivery, which continue for some days, becoming greenish, and lastly pale, then decrease in quantity, and disappear altogether within a month, and often in a shorter time. Although, from their coming on directly after delivery, they might have been classed among those diseases immediately subsequent to it; yet, as the derangement of the discharge is seldom, if ever, a primary disease, but dependent on some other cause, we have thought it best to treat, first, of some of the other affections by which this is modified. The variable-ness of this evacuation should prevent it from becoming an object of very great solicitude; for it differs very much in different women, and in the same women at different confinements. The mere paucity of it, therefore, or its entirely ceasing to flow at a very early period, need not create any degree of alarm, if the woman be, otherwise, in as good a condition as may be expected from her situation; consequently, no irritating or propelling medicines should be used:

they cannot do any good, and may be productive of many evil consequences.

202. If, however, along with the stoppage of this discharge, other derangements of the system be present, they must be inquired into, and their proper remedies applied; for, upon the removal of the primary cause of obstruction, the lochia will most frequently return. In those cases in which no very obvious cause can be assigned for the derangement, and which nevertheless appear to be producing injurious effects, some mild purgative should be administered, and, after its operation, some weak camomile or centaury tea: these, with occasionally sitting up, will frequently restore the discharge.

203. The lochial discharge may also be irregular, by being excessive in quantity, or of too long duration: when either of these irregularities obtains, they will be found generally to be accompanied by a febrile state of the system, which, of course, must be removed before we can expect any benefit from other remedies. It will be necessary, notwithstanding the patient's apparent weakness, that a few ounces of blood should be taken, some cooling purgatives administered, and much the same regimen and treatment pursued as laid down for the treatment of Inflamma-

tion of the Breasts. (196.) After the fever has abated, some light tonic may be given, such as the infusion of rose leaves, or half a gill of the cold infusion of wild cherry tree bark, every four hours; to either of which may be added from five to ten drops Elixir Vitriol: exercise must be prohibited, and the patient confined to a chaff bed or mattress. If, in addition to the discharge being excessive in quantity, it be of a greenish color and a fetid and loathsome smell, it will be found, in most cases, to be attended with a debilitated state of the system. The proper remedy here will be five grains of calomel, administered in the evening, and followed next morning by a moderate portion of castor oil or rhubarb: this to be repeated once or twice. After this, about four times a-day, one tea-spoonful of Peruvian bark, in a table-spoonful of Port or Lisbon wine, and twice as much water; to each dose of which may be added five drops Elixir Vitriol. A generous diet is here necessary, but it should be rather nourishing than stimulating. Some of those injections mentioned in a former paragraph (30) should be occasionally thrown up the vagina.

CHAPTER IV.**ON REGIMEN AND OTHER TREATMENT
DURING THE MONTH.**

SECTION I.

That which appertains to the Mother.

204. We have, in par. 125, given directions for the immediate treatment of women, on putting to bed : we shall, therefore, in this section endeavor to point out a few common errors into which persons are liable to fall, and pursue the consideration of the treatment and regimen necessary during the month following delivery. A very common practice among nurses, and one which cannot be too severely reprehended, as producing the worst effects, is that, in order to shift the woman, she is placed in an erect posture, and otherwise much disturbed. This practice, although not always productive of evil consequences, is nevertheless extremely apt to produce hemorrhage and fainting. If the clothes of the patient be wet with perspiration or the discharges, it is of course necessary that she be

shifted ; but this should be done in the most gentle and gradual manner, and, should she be very weak, it must be deferred until her strength has in some degree returned. Another bad custom is that of administering stimulants, such as brandy, wine, or cordials : these, although they may be salutary, and even requisite, in certain cases of extreme exhaustion, (see latter part of 125,) are in general both unnecessary and hurtful, and tend to prevent sleep, promote hemorrhage, and produce inflammatory excitement, both local and general. If the administration of internal stimulants be improper, certainly those which act externally are not less so ; and consequently much harm is often done by keeping the temperature of the room too high—drawing the curtains of the bed too close—the addition of bed clothes ; and superadded frequently to all this, is the use of warm drinks, for the purpose of producing or assisting perspiration. Such a course as this is very apt to produce debility, hysterical affection, as well as a troublesome species of fever, which it is often difficult to remove. Lastly, the apartment should be kept as quiet as possible, all exciting and idle conversation refrained from, as well as all other noise prevented.

205. When there is a choice of apartments, a large and lofty one should be chosen ; the tem-

perature of which should be so regulated, that the patient be at no time rendered uncomfortable with cold, or oppressed with heat. Her clothing should be regulated by the season, and be frequently changed, previously well dried and warmed: the cloths made use of to absorb the discharges should likewise be frequently changed; and, after the third day, the external parts should be daily washed with warm water, and her evacuations carefully attended to. After the first twenty-four hours, she may be allowed to sit up in the bed, when she eats, or suckles her child: about the third day, she may be permitted to rise out of bed, and sit a few minutes, whilst her bed is being made: this, however, must be regulated by her strength and other circumstances, but it should not be done at an earlier period. In a few days longer, she may be allowed to be dressed, and sit up a while; but under no circumstances whatever must she be permitted to go out in the air, even in the most pleasant weather, until the third week; and in cool weather a much longer period of confinement to the house must be observed. By rising too soon, and especially by standing or walking, a falling down of the womb may be occasioned; and, still more frequently, the lochia be rendered so profuse as to exhaust the patient very much. If

there is, or has formely been, a tendency to a prolapsus, or falling down of the womb, it is absolutely necessary that the patient be kept for a long time very much in a recumbent posture, on a sofa or hard bed, avoiding that degree of heat which relaxes the system.

206. After the weakness attendant on the first putting to bed is in some measure recovered from, she should be allowed some refreshment: this, if the mother does not intend suckling the child, should be of a dry nature, and her thirst slaked rather with fruit than liquids: but if she intend to nurse, the diet should consist for the first two or three days of tea; coffee made weak, or thin chocolate; cold toast without butter; water-crackers, or simply bread broke into these liquids. For such as are very weak, butter may be allowed with the bread, but it must be spread on cold; no butter or other fat should be used in a melted state. The drink should consist of toast water, butter milk and water, or molasses and water. The above, except in cases of great exhaustion, as formerly observed, (see 125,) should be regularly enforced and enjoined, until the milk is fully established, and all danger from milk fever, sore nipples, and abscess of the breast, in some measure over, which generally requires two or three days. After this period has elapsed, a

somewhat more nourishing diet may be allowed: mush and milk, bread and milk, panado, soft boiled eggs, &c., may be eaten, but never in very great quantities. Should all things have progressed well, she may after the sixth day partake of fresh fish, chickens, beef, venison or mutton, either broiled or roasted. These articles, however, should for some time be confined to dinner; and in this manner, she should gradually resume her usual diet. We cannot quit this subject without giving a word of caution against washing the floors of lying-in departments: however carefully it may be done, water is left in all the cracks and crevices of the floor, from which a damp arises for a considerable time after, and vitiates the air of the room; and the more it is attempted to dry the room by heat, the greater will be the danger to the woman and child therein confined. If all filth be immediately removed, and carpets be used, washing the floor will not often be necessary. The carpets should be frequently removed, aired, the dust shaken off, and the floor swept.

207. We have now treated on most of those prominent diseases and accidents, which frequently follow delivery, or take place during child-bed. We would, in conclusion, beg leave to call the attention of the reader to the impor-

tant fact, that, although some of these will occasionally occur in the best managed labors, and during the best nursing, still, by far the greater number of puerperal diseases owe their origin to improper management, and to inflammation induced by imprudent stimulation. Therefore, if proper treatment and regimen be adopted and carried through the whole course, puerperal diseases will be of rare occurrence.

SECTION II.

That which appertains to the Child.

208. **FOOD FOR THE CHILD.**—Usually, the mother has not, for some days after the birth, a sufficient supply of milk for the child; therefore, other means must be resorted to, in order to sustain the child until the food provided by nature is alone adequate to its subsistence: and here the misguided zeal of nurses and imprudent mothers has given rise to many a fatal error. It is difficult to speak in terms sufficiently condemnatory of the pernicious and injurious practice of filling the stomach of infants with thick and tenacious paste, called pap; or resorting to that still more abominable custom of sugar teat, composed of butter and sugar. If persons would for a moment consider the smallness and delicacy of the infant's stomach, they would be at once convinced of the impropriety of those articles; and it would no longer be a subject of wonder to them, why so many infants suffer from pain, spasm, and convulsion, after having their stomachs stuffed to

regurgitation with indigestible articles of food. We should, therefore, in all cases follow the simple indications of nature, when practicable; and in this case there appears a very great necessity not to deviate from her dictation.

209. That food which is most suitable for infants, and which is nearest to the mother's milk, is cow's milk lately drawn—the fresher the cow, the better; this mixed with one-third of warm water, adding a portion of the best refined loaf-sugar,* to be mixed just as it is required for use; for by standing it acquires bad properties. This should continue the only food until the mother has an adequate supply; which should then continue the child's only food for three or four months, provided that supply be in sufficient quantity. After this time, however, it will be proper to give a little food of the kinds mentioned for such as are not suckled, (211,) the solid proportions of which ought to be gradually increased, as we proceed to the time of weaning; by which the organs of digestion are enabled to accommodate themselves better to the change of diet which then takes place.

* *The best quality of refined loaf sugar should at all times be used for infants, to the exclusion of any other sweetening.*

210. With regard to the age at which a child should be weaned, it is not possible to give any absolute rule. In general, the longer it is delayed, the better does the child thrive, provided that the milk be good. At all times, delicate children should be nursed longer than the robust; and, if possible, weaning should not be made to interfere with the development of the teeth, nor be attempted in the prospect of, or soon after the cure of, any debilitating disease; nor should it be done during the months of June, July, and August. If the mothers' circumstances and health permit, children should be suckled about twelve months. Much diversity of opinion obtains among nurses, as to whether the breast should be entirely taken from the child at once, or more gradually. Our opinion inclines to a gradual manner, for some days, only to keep it from the breast during the day. After the child is weaned, the diet must be carefully attended to, and should consist of light soup, poached eggs, bread and milk, rice and milk, or oatmeal porridge. As soon as teeth sufficient to masticate appear, light animal food may be given once a-day.

211. If the child be not suckled, the same mixture of new milk and loaf-sugar, as mentioned in 209, is to be given. This should, in this case, not be fed with a spoon, but the child

should suck it, of a proper warmth, out of a suitable vessel, furnished with a side tube, over the perforated end of which should be fitted a soft linen or cotton cloth. This diet may occasionally, after a few months, be alternated with some more substantial food, such as water-crackers, rice, or the crusts of wheat bread boiled in water to a jelly, and thinned with new milk. If the child shew a disposition to diarrhœa, the milk should be gently boiled and skimmed, taking care that it be not scorched: in the course of another month, add boiled bread and milk, veal, beef, or mutton broth, (from off which the fat has been skimmed,) with bread or rice added; and thus gradually, as it advances in age, increase the solidity of the food. As soon as teeth sufficient to masticate appear, a little animal food may be given once in twenty-four hours, and that about the middle of the day; but, before nature has supplied the means to chew it, meat should not be allowed. Thus gradually and progressively the infant should be brought to solid food; paying strict regard to its agreeing with the child. When the diet is appropriate, the child will be lively, cheerful, and easy, and the bowels regular; but, if it disagree, it will be known by the child's being dull and stupid, or uneasy, fretful, crying much, and

frequently belching up wind—the bowels being either bound or too loose, stools offensively fetid, and having a bad appearance. In such cases, we should change the diet; but, if no amendment ensue, medical treatment will in all probability be required.

212. We cannot refrain from observing, that our feelings have often been shocked by the savage conduct of nurses, and even mothers, towards their innocent charge, in feeding them with what we cannot call food, but stuff, that has stood so long and been so repeatedly warmed, as to become fit only for the swill-tub. Food should always, with the most scrupulous care, be prepared in small quantities as required; and that in the cleanest vessels, from which all former incrustations and sediments are removed: all brass, copper, or imperfectly glazed earthen vessels should be rejected. No food that has stood so long as to become sour is admissible: adding sugar to such food will only make the matter worse, by forming the more and sharper acid in the stomach. The food should at all times be rather thin, than of a heavy and pasty consistence. It is true, children will do longer without feeding, when fed on thick food, than when fed on thin, because it will lie longer on the stomach; but, while this food is appa-

rently saving the mother or nurse some trouble, the child is suffering pain and misery from indigestion, which, in its turn, frequently causes disease of the bowels. Having said thus much regarding the qualities of the diet, we must also caution in respect to quantity: and, certainly, we need not spend much time in proving the impropriety of overloading the stomach with food, however proper that food may be. The cravings of hunger should be satisfied; but food should not be forced upon the child, after that is accomplished.

213. CLEANLINESS—is another source of health and comfort to infants; while, on the contrary, filthiness, independent of the disgust which it excites, is a fruitful cause of disease. We have seen much pain endured by infants from excoriation, which appeared to arise out of inattention to cleanliness. The diaper of infants should always be immediately removed when soiled, and the bottom, groins, and thighs wiped dry, and, if necessary to the removal of filth, washed with warm water. After some weeks old, the whole body should be regularly washed every morning, and, during warm weather, in the evening also—first with warm water, then with tepid, and, in warm weather, gradually with cooler, until cold water is used. The washing should be done

quickly, so that the child be not long exposed; after washing, it should be well dried with a soft linen or muslin cloth, and be speedily dressed. If there appear a tendency to excoriation or chafing, those parts, after washing, should be dusted with fine starch or prepared chalk; but, if the excoriation be considerable, the parts, after washing, should be bathed with the mixture of R. No. 32, before dusting. Children should not be kept too warm; for, if kept in a sweating state, they will break out with a troublesome rash, which will make them very restless and cross: they will also be very liable to take cold. They should at no time be exposed to a strong current of air, at doors and open windows, nor be early exposed to strong light; neither should they be permitted to get wet, and, if accidentally they do, they should have their damp clothes removed as soon as possible, and their place supplied with dry ones.

214. CLOTHING—should always be regulated according to the changes of the atmosphere, and the age of the child: young children require somewhat more warmth than older ones. Flannel or woollens should predominate among the clothing of children. Their clothes should at all times be loose, so as to be free from any partial pressure, and should be frequently changed and

well washed : no diaper ought ever to be used a second time without being washed—the contrary is an *idle* and *slovenly* practice.

MEDICINE.—With regard to the use of medicines, we would say that they should be but sparingly used, and only when they are really necessary ; for, if they be not properly used and applied with judgment, more harm may be done by their use than could result from the want of them. For it cannot be rationally expected that an infant could struggle as well through both a disease and the effect of improper medicine, as it would if the constitutional powers were left free to combat the disease. If the infant be properly fed, clothed, and otherwise receive right usage, and the mother or nurse take due care of herself, so as to fit herself for the important duty which devolves upon her, medicine will but seldom be required. However, we know that this will not always be the case ; and that, notwithstanding the best care, medicine will sometimes be required : we will, therefore, give some directions for proceeding in a few of the most common diseases of infants.

COLIC, OR BELLY-ACHE—is perhaps the most frequent complaint of infants. This is generally connected with indigestion, which in its turn

may be caused by improper food, or the nurse's milk disagreeing with the child. Colic may also be caused by exposure to cold, particularly the feet, or by permitting the child to remain wet. In those predisposed to colic by indigestion, exposure to cold or damp will readily excite the disease. In the treatment of colic, attention to its causes is necessary to secure success. In an attack of colic, in order to alleviate the present pain, a few teaspoonfuls of either anise, fennel, dill, or carraway-seed tea, sweetened, and repeated a few times, at intervals of about fifteen minutes, will be found an appropriate and safe remedy; or a dose, suitable to the age of the child, of either paregoric, anodyne, or Godfrey's cordial, Bateman's drops or laudanum. Any of the above will be much assisted by a warm application, externally, to the stomach and bowels. These means seldom fail of procuring relief, and will gain time for a proper investigation of the disease. If it be caused by indigestion, it will be accompanied by the symptoms mentioned in par. 211, as denoting a disagreement of the food with the child; and the pain will usually occur soon after feeding or suckling: in such case, the diet must be changed, and, if the child is not fed, but only suckled, the nurse must look to her own diet, as the fault may be in her. If, upon

a change of diet, no amendment take place, then a teaspoonful of castor oil, in two of warm milk, should be given, and repeated in six hours, until the bowels are evacuated; after which, the daily exhibition of as much magnesia as will lie on a five-cent piece, mixed in milk, should be tried. The following is an excellent medicine:

R. No. 34. Carbonate of Magnesia, 2 drs.
Fennel, Dill, or Anise seed tea, 1 oz.
Rhubarb tea, 1-2 oz.
Ginger or Cinnamon tea, 1-2 oz.
Tinct. Assafœtida, 100 drops,
Loaf Sugar, 2 drs.;

to be well mixed in a teacup, with a wooden pestle, and kept in a well-stopped vial—before using, to be freely shaken; one teaspoonful may be given to an infant in the month, three times a-day, if so much be necessary. If the bowels be too loose, and the stools free and thin, then prepared chalk should be substituted in the place of the magnesia, in preparing the above. Sometimes, however, this will not answer; and it will be more apt to fail when the bowels are obstinately and habitually costive, and the stools dry, and voided with difficulty. The disease, in these cases, seems to depend on a deficient secretion of bile: in such cases, we have seen much relief from the following:

R. No. 35. Calomel,	5 grs.
Prepared Charcoal,	10 grs.
Loaf Sugar,	20 grs.,

to be intimately mixed, and divided into twenty powders; one to be given three times a-day, made into a pasty consistence with a few drops of milk. These powders may at first require the aid of castor oil, administered every other day for a few times; but, as soon as the bowels are moved a few times each day, and the stools of a more natural appearance and consistence, the oil may be relinquished; and, after a few days' further improvement, the powders may be reduced to two, then to one, and finally given up.

216. Purgatives are frequently required by infants: castor oil, magnesia, rhubarb, and manna, are the best. Whcat-bran tea, swcctened with manna, is an excellent laxative. We would observe, that medicines are too much used among children. We would not say that they are always improper, for we know that they have their use; but, when medicines are used to answer, or are made to usurp, the place of proper nursing and other careful conduct, we are bound to say that such a proceeding is unfeeling and unparental, and deserves the severest reprehension; for it is not impossible that such conduct has entailed a life of disease and misery.

CHAPTER V.**ON NURSING.**

217. As much of the health and comfort of infants depends upon the conduct of nurses, a few observations on the proper fulfilment of their duty may not be considered as irrelevant. Women exercising this function should be exempt from severe labor, as much as circumstances will admit. They should not be exposed to sudden changes from heat to cold; should be well clothed, and preserved from wet feet; should be at times tenderly and affectionately dealt with, and, as much as possible, preserved from fright and other sudden excitements. But, little can be expected from the kind and considerate care of others, unless she assist in controlling her appetites and passions. She should, therefore, regulate her diet with scrupulous care, and abstain from all such articles as she is aware disagree with her—being careful to commit no excess in partaking of those which are proper: in particular, she should abstain from all intoxicating liquors. Should she accidentally, however, become much over-heated, or be chilled, or alarmed, or allow herself to be excited into a passion,

she must not suckle her child until she, by some rest or time, have come to her proper feeling; and then some milk should be drawn from her breast, and thrown away, before applying the child to it. We have neither time nor space to enter upon the consideration of the reasons why we give this caution; but parents may rest assured, that it is not given without a full belief that its being followed will result in much advantage to the child.

218. A great responsibility, for weal or woe, to the child, rests upon suckling women, which will require much discretion at their hands. But there is every reason to believe that they will seldom err, if they conscientiously study the health and comfort of their offspring, in preference to their own ease and present convenience. We are not ignorant, that to pursue the course we have laid down will entail some labor and temporary inconvenience on mothers, and those who supply their places: but it should be remembered that we are laboring for a class of beings who cannot help themselves, over a portion of whom it has pleased Providence to place us, in the character of a guardian, and in their cheerful and happy countenances, we anticipate a rich reward.

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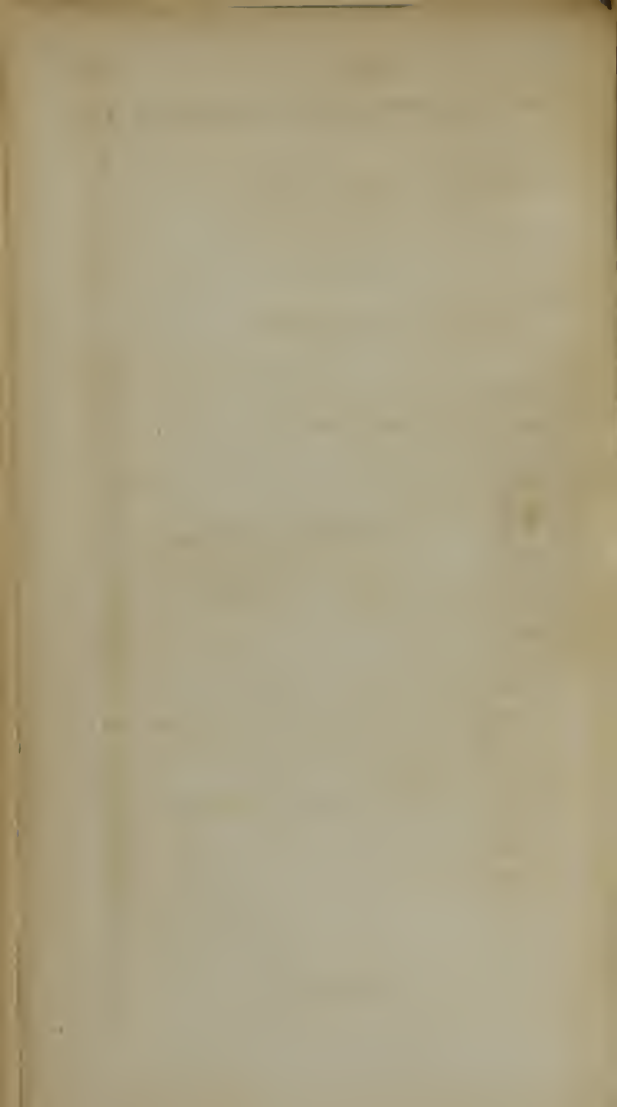
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ERRATA.

PAGE 54, 6th line from the top—after the word “time” read “for the greater number.”

PAGE 104—105—108, for “dilation” read “dilatation.”

PAGE 161, line 3, from bottom—to be commenced with “par., 137.”

PAGE 178, line 7, from bottom—for “166” read “116.”

PAGE 212, to 225, head line—for “puerpural” read “puerperal.”

PAGE 261, 10th line from the top—for “at times” read, at such times.





